



COUNTY BOROUGH OF GRIMSBY

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1972


INCLUDING REPORT ON THE

SCHOOL HEALTH SERVICE

COUNTY BOROUGH OF GRIMSBY

W I T H T H E
C O M P L I M E N T S
O F T H E
M E D I C A L O F F I C E R
O F H E A L T H

Health Department,
Queen Street.



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COUNTY BOROUGH OF GRIMSBY

Health Committee

(as constituted on 31st December 1972)

The Worshipful the Mayor

COUNCILLOR MRS. F.E. FRANKLIN, J.P.

Chairman

COUNCILLOR MRS. M.E. DARLEY

Deputy Chairman

COUNCILLOR MRS. J.M.R. HART

Aldermen

F.G. GARDNER
A. NEILSON

A.C. PARKER
MRS. L. TRAYER

Councillors

D. CHATTERTON
MRS. S.N. CHATTERTON
D.J. CORN
P.D. CROWLEY
MRS. M. ELLIOTT

MRS. P.F. ELLIS
L. GOSTELOW
MRS. M.E. PICK
A.G. QUICKFALL
F. RICE

P. WILLING

STAFF OF THE HEALTH DEPARTMENT, 1972

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

R. GLENN, M.B., B.Ch., B.A.O., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

R.G. HAUGHIE, M.B., Ch.B., D.P.H.

MEDICAL OFFICERS IN DEPARTMENT

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.
MAIRE M. WARD, M.B., B.A.O., B.Ch.
J. BUCKINGHAM, M.B., Ch.B., D.P.H.

CHIEF PUBLIC HEALTH INSPECTOR

A. MANSON, M.A.P.H.I. 1,2.

PUBLIC HEALTH INSPECTORS

S. DAVIES, B.Sc., D.M.A., D.M.S. 1, 2, 3, (Deputy Chief Inspector)	D.J. HARTLEY, 4 (District Inspector) (To 31.3.72)
W.W. REED, 1, 2 (Principal Meat Inspector)	S.L. HARRISON, 4 (District Inspector) (From 25.9.72)
R. FARNWORTH, D.M.S., A.M.B.I.M., 1, 2, 3 (Principal District Inspector - Housing)	H. JACKSON, 3, 4 (Senior District Inspector) (To 31.5.72)
R.R. LINCOLN, D.M.S., 1, 2, 3 (Principal District Inspector - Food)	M.J. DAVIE, 4 (District Inspector) (To 30.6.72)
D.L. CHERRY, 3, 4 (Senior District Inspector - Housing)	D. ANDERSON (Authorised Meat Inspector)
A. HENDERSON, 3, 4 (Senior District Inspector - Food)	A.H. BELLAMY (Authorised Meat Inspector)
I.N. REYNARD, 3, 4 (Senior District Inspector) (From 1.6.72)	T.H.R. JOHNSON (Technical Assistant - Drainage)
R.J. CUFFLIN, 3, 4 (Senior District Inspector) (From 1.10.72)	G. MARKHAM (Drainage Assistant)
R.W. HUDSON, 3, 4 (Senior District Inspector) (From 20.9.72)	J. WILSON (Disinfecter)
M. HUTCHINSON, 4 (Senior District Inspector) (From 2.10.72)	W. BOLDOCK (Rodent Operator)
A. DOUGLAS, 4 (District Inspector)	K. C. CRIBB (Technical Assistant) (To 10.9.72)
	F. BECKETT (Senior Technical Assistant) (To 8.10.72)
	L. BRAMLEY (Senior Technical Assistant)
	A.S. THOMPSON (Technical Assistant) (From 1.12.72)
	G. BELL (Technical Assistant) (From 7.8.72)
	D.E. JACKLIN (Technical Assistant) (From 29.8.72)
	T. WATTAM (Technical Assistant) (From 21.8.72)
	C.I. MANTLE (Pupil)

DIRECTOR OF NURSING SERVICES

MRS. I. HALDANE, 5, 6, 7

NURSING OFFICERS

MISS J. BELL, 5, 6, 7

MRS. B. BILLINGHAM, 5

HEALTH VISITORS

MRS. J. BARKER, 5, 6, 7
MRS. P.J. BOOTH, 5, 6, 7 (From 25.9.72)
MRS. J.M. CRESSWELL, 5, 6, 7
MRS. M. DAWSON, 5, 6, 7
MRS. M. HIGSON, 5, 6, 7
MRS. M. MORRIS, 5, 6, 7 (From 7.8.72)

MRS. M.E. JOHNSON, 5, 6, 7
MRS. M.B. KOZLOWSKI, 5, 6, 7
MISS V.A. PAYNE, 5, 6, 7 (To 31.8.72)
MRS. I.M. STOREY, 5, 6, 7 (To 21.1.72)
MISS E.M. TIPPLER, 5, 6, 7*

TUBERCULOSIS VISITORS

MISS D. ATKIN, 5, 6, 7 (To 28.4.72)
MRS. J.M. GREEN, 5

MRS. M. TAILBY, 5* (From 8.5.72)

DOMICILIARY MIDWIVES

MISS E. BAXTER, 5, 6
 MISS G.A. BAXTER, 5, 6
 MRS. C. BEDFORD, 5, 6
 MRS. C. DAY, 5, 6

MRS. K.G. GILMOUR, 5, 6
 MISS J. ORREY, 5, 6
 MRS. J. YEOMANS, 6

HOME NURSING SERVICE

MRS. W.L. DAVIE, 5 (Senior)
 and staff of 13 full-time and 3 part-time nurses,
 and 3 part-time bathing attendants

CLINIC NURSES

MRS. S. GARROD
 MRS. K. DONOCHIK, 5*

MRS. G. WHITEHALL, 5*
 MRS. P. YEARDLEY, 5* (From 30.5.72)

AMBULANCE SERVICE

C.J. PURVES, Ambulance Officer (From 1.2.72)
 and 6 Station Officers, 5 Shift Leaders
 28 Vehicle Crew and 2 Workshop Staff

ADMINISTRATIVE AND CLERICAL

W.R. GALE (Chief Administrative Assistant)
 D. AMERY, J.P. (Administrative Assistant)
 MRS. L. TAYLOR (Senior)
 MRS. P. ALLEN (To 31.8.72)

MISS C.L. BUTTERFIELD (To 12.5.72)
 MRS. C. BURTON
 MISS P.C. PARKER (From 22.5.72)
 MISS E.P. MILLER (From 1.9.72)

Public Health Inspector's Section

S. NASH (Senior)
 MISS S.C. BARBER
 MISS L.S.Y. KEYS (To 3.12.72)

MRS. S.M. ARTISS
 MRS. M. KILLICK
 MISS R.M. MORRIS (From 10.7.72)

Maternal and Child Welfare Service

MRS. J.A. POTTER (Senior)
 MRS. R. EARLEY (To 15.2.72)
 MRS. E. DUMELOW*

MISS W.F. MOODY (Welfare Foods)
 MRS. A.C. HOLLOWAY (Welfare Foods)
 MRS. B.M. EVANS* (Welfare Foods)

Ambulance Service

MRS. P. BEALEY

MISS E. MATTERS (To 31.5.72)

Home Nursing Service

MRS. M.S.P. JOHNSON

• Part-time appointment

1. Public Health Inspector's Certificate
2. Meat Inspector's Certificate
3. Smoke Inspector's Certificate
4. Public Health Inspector's Diploma
5. State Registered Nurse
6. State Certified Midwife
7. Health Visitor's Certificate

INTRODUCTION

To the Mayor, Aldermen and Councillors of Grimsby County Borough.

I have the honour to present the statutory Annual Report for 1972.

The health of the community continues to be very satisfactory. Infectious diseases were the lowest ever recorded and dystentry remained at a low level. Tuberculosis remains but is no longer a danger to the populace.

The birth rate was also lower than that usually recorded which may be the result of the readily available advice on family planning.

The illegitimate birth rate has increased by one per cent which is in accord with the national trend. However the infant mortality among the illegitimate babies is lower than that for the legitimate, which proves that local arrangements for the care of the unmarried mother and her baby are better than the national average.

Deaths of Grimsby residents were slightly increased over the previous year's figure and this is probably accounted for by the influenza epidemic. Lung cancer deaths in males continues to rise despite all the warnings about the danger of cigarette smoking.

The number of cases of syphilis and gonorrhoea has remained steady but there has been a considerable increase in "other infections" sexually contracted. This is to be expected in a permissive society and a good deal of health education on the subject is obviously required.

A Works Study team has presented an interesting report on the working of the Ambulance Service. This was implemented in full and has helped to cope with the extra demands which always seem to be made on this service.

Flouridation of the public water supply came before the Town Council during the year. This time it was well debated and only defeated by five votes - the lowest ever!

I am always grateful for the support received from the Chairman and members of the Health Committee. Likewise, I thank the staff for their diligent work, and relations with my colleagues have never been better.

R. GLENN
Medical Officer of Health

Health Department
Queen Street
GRIMSBY Lincs.
DN31 1QQ
May, 1973

PART I—STATISTICAL INFORMATION

SUMMARY OF STATISTICS

Area (in acres)—including foreshore	...	...	...	...	7,530
Rainfall	...	...	...	...	21.38"
Population (Census 1951)	...	...	...	...	95,681
Population (Census 1961)	...	...	...	...	97,955
Population (Census 1971)	...	...	...	...	95,685
Population (Registrar General's Estimate, Mid- 1972)	...	...	...	...	95,150
No. of inhabited houses (end of 1972) according to Rate Books	...	...	...	...	31,200
Rateable value at 1st April, 1972	...	...	...	...	£4,556,538
Sum represented by a penny rate product, 1972/73	...	...	...	...	£45,179

Live Births:—

		Males	Females	Total
Legitimate	...	687	639	1,326
Illegitimate	...	105	93	198
		<u>792</u>	<u>732</u>	<u>1,524</u>

Live birth rate per 1,000 population	...	...	...	16.0
Adjusted live birth rate (area comparability factor 1.09)	...	...	...	17.4
Illegitimate live births (per cent. of total live births)	...	...	...	13.0

Stillbirths:—

Legitimate	...	13	7	20
Illegitimate	...	—	2	2
		<u>13</u>	<u>9</u>	<u>22</u>

Stillbirths rate per 1,000 total live and still births	...	...	...	14.0
Total live and still births	...	...	...	1,546
Infant deaths:—				

Legitimate	...	19	10	29
Illegitimate	...	3	1	4
		<u>22</u>	<u>11</u>	<u>33</u>

Infant mortality rates:—

Total infant deaths per 1,000 total live births	...	...	22.0
Legitimate infant deaths per 1,000 legitimate live births	...	...	22.0
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	20.0

Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	...	...	...	14.0
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	...	...	...	13.0
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and still births)	...	...	...	27.0

Maternal mortality (including abortion):—

Number of deaths	...	...	...	...	...	...	1
Rate per 1,000 total live and still births	...	...	...	...	...	...	0.65
Deaths (Males 626; Females 606)	...	...	...	...	...	...	1,232
Death Rate	...	...	...	...	...	...	12.9
Adjusted death rate (area comparability factor 1.05)	...	...	...	...	...	...	13.5

						No.	Rate
Deaths from measles	...	...	...	...	...	—	—
“ “ whooping cough	...	...	...	...	...	—	—
“ “ diphtheria	...	...	...	...	...	—	—
“ “ tuberculosis	...	...	...	...	...	5	0.05
“ “ cancer	...	...	...	...	...	271	2.85
“ “ influenza	...	...	...	...	...	3	0.03

VITAL STATISTICS

Population - The home population of Grimsby County Borough at mid-year 1972 was estimated by the Registrar General to be 95,150, 460 less than the previous year. The natural increase of the population, i.e. the excess of live births over deaths was 292.

Births - The number of live births registered was 1,524 (792 males and 732 females) equal to a crude birth rate of 16.0 per thousand of the population. The corrected rate (calculated by multiplying the crude rate by the Registrar General's area comparability factor of 1.09) is 17.4, which continues to be in excess of the average for England and Wales, as shown in the following table :

Year	Population	Number of Live Births	Live Birth Rate per 1,000 population (corrected)	England and Wales
1963	96,350	1,939	20.5	18.2
1964	95,300	1,960	20.9	18.5
1965	95,150	1,834	19.6	18.1
1966	95,030	1,794	19.2	17.7
1967	95,110	1,816	19.5	17.2
1968	97,030	1,762	18.6	16.9
1969	96,500	1,740	18.4	16.3
1970	96,020	1,627	17.2	16.0
1971	95,610	1,710	18.3	16.0
1972	95,150	1,524	17.4	14.8

One hundred and ninety-eight (13 per cent) of the total live births in 1972 were illegitimate, compared with 206 and 12 per cent respectively for last year.

Stillbirths - There were 22 stillbirths registered, giving a rate of 0.23 per thousand of the population. The rate expressed per thousand total live and still births was 14 for England and Wales it was 12.

Deaths - Deaths of Grimsby residents totalled 1,232 (626 males and 606 females) representing a crude death rate of 12.9 per thousand of the population which when multiplied by the Registrar General's area comparability factor of 1.05, gives a corrected rate of 13.5.

Table 1, page 16, records the causes of death in age periods compiled from figures supplied by the Registrar General, while the following table shows the number of deaths and the corrected death rates for Grimsby for the last decennium, compared with the rates for England and Wales :

Year	Number of Deaths	Death Rate per 1,000 population (corrected)	England and Wales
1963	1,077	12.5	12.2
1964	1,099	12.9	11.3
1965	1,086	12.3	11.5
1966	1,043	11.9	11.7
1967	1,085	12.3	11.2
1968	1,052	11.9	11.9
1969	1,156	13.1	11.9
1970	1,198	13.5	11.7
1971	1,119	12.6	11.6
1972	1,232	13.5	12.1

A total of 903 persons - residents and non-residents - died in institutions in the Borough, equivalent to 58.7 per cent of the total deaths (1,538) registered. The percentage last year was 56.7 per cent.

Seven hundred and thirty-one (59.3 per cent) of the deaths of Grimsby residents related to persons 70 years of age and upwards, compared with 647 and 57.8 per cent respectively in 1971, the numbers at age periods being :

			Males	Females	Total
Between 70 and under 75 years	...	...	98	99	197
" 75 " " 80 "	...	...	89	108	197
" 80 " " 85 "	...	...	61	93	154
" 85 " " 90 "	...	...	38	77	115
90 years and over	...	...	20	48	68

Infant Mortality - (Table 2, page 17) There were 33 deaths occurring in infants under one year, equal to a rate of 22 per thousand live births, compared with 17 for England and Wales. The infant mortality rate per thousand legitimate live births was 22, and illegitimate live births 20; for England and Wales it was 17 and 21 respectively.

Neo-Natal Mortality - Of the 33 deaths recorded above, 21 were of infants under four weeks, equivalent to a rate of 14 per thousand live births, compared with 12 for England and Wales.

There were 20 deaths of infants under one week which gives an early neo-natal mortality rate of 13 per thousand live births compared with 10 for England and Wales.

Perinatal Mortality - The perinatal mortality rate is the combined number of stillbirths and deaths of infants under one week expressed as a rate per thousand total live and stillbirths.

There were 22 stillbirths and 20 deaths in the first week of life registered during the year, giving a perinatal mortality rate of 27, compared with 22 for England and Wales.

The following table gives a summary of the various infant mortality rates in the past ten years :

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Infant Mortality	19.1	15.3	16.9	26.2	22.6	20.4	17.0	25.0	21.0	22.0
Neo-natal Mortality	11.3	9.7	13.1	16.7	13.2	13.0	9.0	16.0	9.0	14.0
Early Neo-natal Mortality	9.8	7.6	11.4	15.0	12.1	13.0	6.0	14.0	8.0	13.0
Perinatal Mortality	29.3	22.6	28.4	36.5	28.2	26.3	20.0	26.0	19.0	27.0
Stillbirth	19.7	15.0	17.1	21.8	16.2	13.4	14.0	12.0	11.0	14.0

Maternal Mortality - One maternal death occurred in a Grimsby resident giving a rate of 0.65 per thousand total live and stillbirths; for England and Wales it was 0.15.

Cancer - Deaths due to this cause totalled 271 (152 males and 119 females) equal to a local death rate of 2.85 compared with 2.42 for England and Wales. The rates for the previous year were 2.37 and 2.39 respectively.

Cancer of the lung and bronchus accounted for 77 of these deaths, giving a rate of 0.81 per thousand population; for England and Wales it was 0.64. The corresponding rates for last year were 0.59 and 0.63 respectively.

The death rate from other forms of cancer was 2.04 (England and Wales 1.78) compared with rates of 1.78 and 1.76 respectively.

SITE	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Stomach	23	26	36	31	20	31	24	29	25	31
Lung and Bronchus	47	51	56	57	55	52	78	63	57	77
Breast	9	16	20	13	23	16	22	25	23	15
Uterus	7	8	8	7	9	12	12	8	11	12
Other Sites	103	113	96	109	107	108	103	103	111	136
TOTALS :	189	214	216	217	214	219	239	228	227	271

• **Table 1. Causes of and Ages at Death during the Year 1972**
(as compiled from figures supplied by the Registrar General)

CAUSE OF DEATH	All Ages			Under 1 yr.	Age in Years									
	Total	Males	Fem		1 -	5 -	15 -	25 -	35 -	45 -	55 -	65 -	75 -	
All Causes	1,232	626	606	33	4	5	11	5	20	79	187	354	534	
Tuberculosis of Respiratory System	4	4	-	-	-	-	-	-	-	-	1	3	-	
Late Effects of Respiratory Tuberculosis	1	1	-	-	-	-	-	-	-	-	-	1	-	
Malaria	1	1	-	-	-	-	-	-	-	1	-	-	-	
Other Infective and Parasitic Diseases	3	-	3	-	-	-	1	-	-	1	-	-	-	
Malignant Neoplasm, Buccal Cavity, etc.	4	4	-	-	-	-	-	-	-	1	1	1	1	
do. Oesophagus	10	7	3	-	-	-	-	-	-	2	3	3	2	
do. Stomach	31	14	17	-	-	-	-	-	-	2	7	11	11	
do. Intestine	36	15	21	-	-	-	-	-	-	4	4	16	16	
do. Larynx	1	1	-	-	-	-	-	-	-	-	-	1	-	
do. Lung, Bronchus	77	65	12	-	-	-	-	-	2	11	24	30	10	
do. Breast	15	-	15	-	-	-	-	-	1	4	2	1	7	
do. Uterus	12	-	12	-	-	-	-	-	-	3	2	4	3	
do. Prostate	10	10	-	-	-	-	-	-	-	-	2	4	4	
Leukaemia	6	2	4	-	1	1	1	-	-	-	-	1	2	
Other Malignant Neoplasms	69	34	35	-	1	1	1	-	3	8	14	16	25	
Benign and Unspecified Neoplasms	2	2	-	-	-	-	-	-	1	-	1	-	-	
Diabetes Mellitus	11	6	5	-	-	-	-	-	-	2	2	4	3	
Avitaminoses, etc.	1	1	-	-	-	-	-	-	-	-	1	-	-	
Other Endocrine, etc. diseases	4	-	4	-	-	-	-	-	-	-	1	-	3	
Anaemias	4	-	4	-	-	-	-	-	-	1	1	-	2	
Mental Disorders	4	3	1	-	-	-	-	-	-	-	-	2	2	
Multiple Sclerosis	3	-	3	-	-	-	-	-	1	1	1	-	-	
Other Diseases of Nervous System	6	3	3	-	-	-	-	-	1	-	2	1	2	
Chronic Rheumatic Heart Disease	16	8	8	-	-	-	-	1	-	4	5	2	4	
Hypertensive Disease	34	22	12	-	-	-	-	-	-	3	4	8	19	
Ischaemic Heart Disease	313	162	151	-	-	-	-	1	2	14	51	99	146	
Other Forms of Heart Disease	49	20	29	-	-	-	1	-	1	1	1	18	27	
Cerebrovascular Disease	178	63	115	-	-	-	-	-	1	6	22	50	99	
Other Diseases of Circulatory System	48	23	25	-	-	-	-	-	-	1	5	11	31	
Influenza	3	2	1	-	-	-	-	-	-	-	-	1	2	
Pneumonia	68	32	36	1	-	-	-	-	-	2	5	17	43	
Bronchitis and Emphysema	72	55	17	-	-	-	-	-	1	4	13	33	21	
Asthma	2	1	1	-	-	-	-	-	-	-	-	1	1	
Other Diseases of Respiratory System	19	9	10	9	2	-	-	-	-	-	1	1	6	
Peptic Ulcer	7	1	6	-	-	-	-	-	-	-	-	3	4	
Intestinal Obstruction and Hernia	6	3	3	1	-	-	-	-	-	-	-	-	5	
Cirrhosis of Liver	7	3	4	-	-	-	-	-	-	3	3	-	1	
Other Diseases of Digestive System	10	3	7	-	-	-	-	-	-	1	1	4	4	
Nephritis and Nephrosis	2	1	1	-	-	-	-	-	-	-	1	1	-	
Hyperplasia of Prostate	4	4	-	-	-	-	-	-	-	-	-	-	4	
Other Diseases, Genito-Urinary System	11	5	6	-	-	-	-	-	-	-	1	2	8	
Other Complications of Pregnancy, etc.	1	-	1	-	-	-	-	1	-	-	-	-	-	
Diseases of Skin, Subcutaneous Tissue	1	-	1	-	-	-	-	-	-	-	-	-	1	
Diseases of Musculo-Skeletal System	5	2	3	-	-	-	-	-	-	-	1	1	2	
Congenital Anomalies	8	3	5	3	-	2	-	1	1	-	-	1	-	
Birth Injury, Difficult Labour, etc.	6	4	2	6	-	-	-	-	-	-	-	-	-	
Other Causes of Perinatal Mortality	12	11	1	12	-	-	-	-	-	-	-	-	-	
Symptoms & Ill-defined Conditions	7	1	6	-	-	-	-	-	-	-	1	-	6	
Motor Vehicle Accidents	9	6	3	-	-	1	4	-	1	2	-	-	1	
All Other Accidents	13	8	5	1	-	-	2	1	1	1	2	1	4	
Suicide and Self-Inflicted Injuries	4	1	3	-	-	-	-	1	2	-	-	1	-	
All Other External Causes	2	-	2	-	-	-	-	-	-	-	1	-	1	

Table 2. Infantile Mortality during the year 1972
Nett Deaths from stated Causes at various Ages under 1 Year of Age.

CAUSES OF DEATH	Under 1 week	1 - 2 weeks	2 - 3 weeks	3 - 4 weeks	Total under 4 weeks	1 - 3 months	3 - 6 months	6 - 9 months	9 - 12 months	Total Deaths under 1 year
All Causes	20	-	1	-	21	6	4	-	2	33
Pneumonia	-	-	-	-	-	1	-	-	-	1
Other Diseases of Respiratory System	-	-	-	-	-	5	2	-	2	9
Intestinal Obstruction and Hernia	-	-	1	-	1	-	-	-	-	1
Spina Bifida and Meningocele	1	-	-	-	1	-	1	-	-	2
Congenital Malformation of Genito-Urinary System	1	-	-	-	1	-	-	-	-	1
Injury at Birth	6	-	-	-	6	-	-	-	-	6
Immaturity without mention of Disease	12	-	-	-	12	-	-	-	-	12
Accidental Obstruction by Inhalation or Ingestion	-	-	-	-	-	-	1	-	-	1
TOTALS :	20	-	1	-	21	6	4	-	2	33

PART II—CONTROL OF INFECTIOUS DISEASES

NOTIFIABLE INFECTIOUS DISEASES

Incidence - The total number of cases of notifiable disease reported (563) during the year, shewn by sex and age distribution in Table 3 on page 20, is even less than in 1971, when 703 notifications represented the lowest number received in any year over the past quarter of a century.

Acute Encephalitis - One case was reported during the year and this patient - a girl of 15 years - died in hospital a few days after notification.

Acute Meningitis - Only one case was notified - a girl, aged 15 years, who recovered after treatment in hospital.

Dysentery - Notifications totalled 22 (11 of each sex), 19 more than in 1971. *Shigella Sonne* was identified in 11 of the cases and 8 were treated in hospital. No deaths occurred from this disease.

Infective Jaundice - Only 7 cases (3 males and 4 females) were reported, 2 less than last year. One patient was admitted to hospital.

Malaria - One notification was received in a male, aged 16 years, who contracted the disease naturally abroad. One death was ascribed to cerebral malaria - a Seaman Carpenter of 47 years, who died in hospital. This case was not notified.

Measles - A total of 61 cases (32 males and 29 females) was reported, compared with 301 the previous year. Only two of the cases received hospital treatment and there were no deaths.

Scarlet Fever - Eighty-one notifications (44 males and 37 females) were received, 17 less than in 1971. None of the cases were admitted to hospital.

Whooping Cough - It is interesting to record that after the notification of 70 cases last year none were received during 1972.

Cases, Contacts or Carriers of Infectious Diseases - The employers of 3 cases (2 males and 1 female) of infectious disease engaged in the handling of food were notified that the person concerned should not resume employment until the Medical Officer of Health certified that it was safe to do so.

Ten contacts or carriers (5 males and 5 females) also employed in the handling of food were issued with certificates of exclusion from work.

Table 3. Cases of Infectious Diseases notified during the year 1972

NOTIFIABLE DISEASE	All Ages		Number of Cases																									
	M	F	Total	Ages (in years)																								
				Under 1	1--		2--		3--		4--		5--		10--		15--		20--		25--		35--		45--		65--	
					M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Acute Encephalitis	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Acute Meningitis	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chicken Pox	191	173	364	2	3	8	13	7	8	15	18	26	16	99	93	22	15	7	6	1	2	-	2	-	-	-	-	-
Dysentery	11	11	22	2	2	2	-	2	-	2	-	-	1	3	-	-	-	1	1	2	-	-	1	2	-	-	1	-
Food Poisoning	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Jaundice	3	4	7	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	1	-	-	2	-
Malaria (Contracted Abroad)	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Measles	32	29	61	3	4	7	6	6	4	4	1	3	5	6	8	3	-	-	1	-	-	-	-	-	-	-	-	-
Scarlet Fever	44	37	81	-	-	-	-	3	1	3	1	6	1	23	23	7	10	1	1	-	-	-	-	-	-	-	-	-
Tuberculosis, Pulmonary	17	5	22	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	3	1	9	2
Tuberculosis, Meninges & C.N.S	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis, Other Forms	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-
TOTALS	309	263	563	7	9	18	19	18	13	24	21	35	24	128	128	26	10	10	10	3	3	3	-	6	3	11	6	3

*Includes one case notified posthumously

TUBERCULOSIS

Notifications - A total of 25 cases (22 pulmonary and 3 other forms) were notified. In addition 3 cases already reported in other areas moved into the Borough.

New cases of tuberculosis notified during the year are shown by age and sex in Table 3 on page 20, and the following gives the number of notifications in the past ten years :

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Pulmonary	34	39	47	34	22	40	23	19	20	*22
Other Forms	12	8	6	8	8	9	3	4	4	3
TOTALS :	46	47	53	42	30	49	26	23	24	25

*includes one posthumous notification.

The number of cases on the Tuberculosis Register at the end of the year was 525 (481 pulmonary and 44 other forms)

Deaths - The following records the number of deaths for the last decennium :

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Pulmonary	5	6	3	5	4	5	1	4	4	5
Other Forms	3	1	-	-	1	-	4	-	-	-
TOTALS :	8	7	3	5	5	5	5	4	4	5

The death rate from all forms of tuberculosis for 1972 was 0.05 compared with 0.03 for England and Wales.

Revision of Register - Forty-nine notified persons were removed from the current register during the year as follows :

Left district	2
Recovered or cured	31
Not requiring further public medical treatment	2
Lost sight of	1
Tuberculosis deaths	5
Died from causes other than tuberculosis	9

Mass Radiography - The Lincolnshire Mass Radiography Unit visited Grimsby in July/August and the following information is available :

Miniature films taken	3,342
Recalled for large films	35
Referred to Chest Clinic	13
Cases of pulmonary tuberculosis requiring close clinic supervision or treatment	3
Post primary inactive pulmonary tuberculosis	6
Bronchial Carcinoma	3

Chest Clinic - The following is a general analysis of the work carried out in regard to Grimsby patients at this clinic during the year, supplied by Dr.J.Glen, Consultant Chest Physician.

New cases examined (excluding contacts) :

(a) Definitely tuberculous	18	Total
(b) Diagnosis not completed	128	
(c) Non-tuberculous	1,759	1,905

Contacts examined :

(a) Definitely tuberculous	2	
(b) Diagnosis not completed	15	355
(c) Non-tuberculous	338	

Cases written off Clinic Register, including 1,984 non-tuberculous	2,134
--	-------

Cases on Clinic Register as at 31st December :

(a) Definitely tuberculous	506	
(b) Diagnosis not completed	135	641

Total attendances at Clinic, including contacts	4,795
Consultations with medical practitioners	4,730
Home visits by nurses	2,303
X-ray examination - radiographic films	3,029

The number of new diagnosed cases was 22 pulmonary and 3 non-pulmonary, which shows that the low figure is being maintained.

The B.C.G. campaign has now been in existence for many years and on the whole has been directed mainly to those under the age of 15 years so far as this clinic is concerned. The result of this form of immunity is apparent in the ever lessening number of new cases of tuberculosis in this particular age group. There has been a slight increase in cases of tuberculosis in the older population, many of whom are cases who were treated in the distant past by ineffective methods.

The number of deaths from tuberculosis was 5, thus maintaining the low figure in recent years. This emphasises the vast changes that have taken place in the successful modern methods of treatment and co-operation in all branches of the hospital service.

Non-tuberculous conditions requiring investigation referred to the clinic and either diagnosed there or through in-patient treatment in the chest hospital during the year, were as follows :

					Men	Women	Children
Cancer	...	...	...	...	44	9	—
Bronchiectasis	...	...	...	...	2	4	—
Asthma	...	...	...	...	9	19	14
Unresolved pneumonia	...	...	...	...	24	12	3
Non-tuberculous effusion	...	...	...	...	1	2	—
Spontaneous pneumothorax	...	...	...	...	3	3	—
Cardiac	...	...	...	...	49	29	—
Other conditions	...	...	...	...	26	9	3
					<hr/>	<hr/>	<hr/>
Totals	...	...	...	...	158	87	20
					<hr/>	<hr/>	<hr/>

There is a moderate increase in cancer of the lung in males, with a slight decrease in females. The latter is not in keeping with national figures but as the numbers are small they are probably not significant.

The following shows the number of new cases referred to the clinic by general medical practitioners, institutions, clinics, etc. in the past five years :

	Men	Women	Children	Total
1968	814	603	274	1,691
1969	1,111	849	279	2,239
1970	1,107	864	212	2,183
1971	1,002	772	204	1,980
1972	931	807	242	1,980

The work load remains high and indicates that practitioners are using the facilities to the full.

Preventive Care - This branch of the work embraces many sections and perhaps one outstanding example is the institutional side of treatment for tuberculosis. In an endeavour to reduce the possibility of serious blood spread in the very young child (say under four years) with a positive tuberculin test, but who is apparently well and symptomless, institutional anti-tuberculous drug treatment has been resorted to as a preventive measure and will continue to do so.

It is gratifying to find that no child under clinic supervision in this category has had any serious tuberculous condition.

The B.C.G. Vaccination scheme continues on a very satisfactory basis and contacts of all ages, including those at work, have opportunities for examination, tuberculin testing and radiological examination. The investigation into infant contacts has continued to a marked degree and experience has shown that there is no contra-indication or lack of effectiveness in carrying out vaccination in small infants. The day will be welcomed when this preventive measure can be offered to all children and become a routine vaccination at birth, instead of at 13 years of age.

The number of successful B.C.G. Vaccinations was :

	Men	Women	Children	Total
Contacts	5	14	169	188
On behalf of local authority	3	6	83	92
Hospital staffs	-	9	-	9
Hospital in-patients ...	-	-	1	1
	<hr/> 8 <hr/>	<hr/> 29 <hr/>	<hr/> 253 <hr/>	<hr/> 290 <hr/>

There is a slight increase in the number of contacts vaccinated due to the slight rise in new cases of tuberculosis.

B.C.G. Vaccination is given at birth in the two maternity hospitals in the area of the Grimsby Hospital Management Committee and in a private nursing home, where there is a maternity wing. The babies are later seen at the clinic to ascertain that vaccination has been successful.

VENEREAL DISEASES

The Special Treatment Centre is under the administrative control of the Grimsby Hospital Management Committee and is housed in purpose-built premises within the grounds of the Scartho Road Hospital.

The Centre is open from Monday to Friday from 10 a.m. to 12.30 p.m. and from 2 to 6 p.m., and also on Saturday from 10 a.m. to 12 noon.

The following table shows the incidence of this disease in Grimsby over the past ten years :

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Syphilis	31	8	12	5	9	7	5	5	-	5
Gonorrhoea	27	43	101	78	59	39	66	64	102	101
Other Conditions	150	151	195	189	167	148	185	139	202	265
TOTALS :	208	202	308	272	235	194	256	208	304	371

The Consultant Venereologist has not asked for the assistance of the Health Department in the tracing of contacts during the year, preferring to do this through the staff at the Special Treatment Centre.

The special talks given last year to comprehensive schools on venereal diseases have been continued as part of the health education programme carried out by the health visitors and school nurses.

The Port Health Inspectors have continued to circulate to shipping details of the location and time of sessions of the Special Treatment Centre, and similar information is displayed in all public conveniences.

PART III —LOCAL HEALTH SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN

Infant Welfare Clinics - Six premises were utilised, only three of which were purpose built. Watkin Street Clinic was vacated at the end of April, when the sessions were transferred to the new clinic in Cromwell Road. With the opening of these premises, it was felt that the infant welfare clinic held at St. Michael's Church Hall, Littlecoates Road was no longer justified and the last session was held there at the end of October. Unfortunately, Cromwell Road Clinic was so severely damaged by fire in December, that further sessions were impossible.

The weekly sessions were as follows :

Hope Street Welfare Centre	Tuesdays & Thursdays 2 p.m.
Watkin Street Welfare Centre (to 22.4.72)	Tuesdays & Thursdays 2 p.m.
Cromwell Road Welfare Centre (from 24.4.72)	Tuesdays & Thursdays 2 p.m.
Milton Road Welfare Centre	Wednesday 2 p.m.
St. Michael's Church Hall, Littlecoates Road (to 24.10.72)	Tuesday 2 p.m.
Louth Road Methodist Church Hall	Friday 2 p.m.
Old Clee Church Hall	Friday 2 p.m.

These sessions afforded full immunisation and vaccination programmes.

Attendances -

	<u>1972</u>	<u>1971</u>
Under 1 year	12,635	12,743
Between 1 and 2 years	<u>1,635</u>	<u>2,231</u>
	<u>14,270</u>	<u>14,974</u>

Toddlers' Clinics - These were held twice weekly in the following purpose built Centres, and attended by children aged 18 months to 4 years. An appointment system was employed, and attendances totalled 1,682 compared with 1,683 last year.

Hope Street	Wednesday & Friday 10 a.m.- 12 noon
Watkin Street/ Cromwell Road	(Wednesday 2 - 4 p.m. (Friday 10 a.m. - 12 noon
Milton Road	Monday and Thursday 2 - 4 p.m.

Distribution of Welfare Foods - This was continued at the Infant Welfare Centres during clinic sessions and at the Victoria Street premises during normal shop hours on week-days and Saturday mornings. The amounts of the various materials involved are shown below. Combined A, C and D tablets were available from March.

	<u>1972</u>	<u>1971</u>
National Dried Milk, cartons	24,564	19,660
A, C and D vitamin tablets, packets	1,032	1,213
Vitamin drops, bottles	3,091	1,757

Courses in Mothercraft - These were run concurrently with the classes in psychoprophylactic preparation for childbirth and consisted of one class meeting once weekly for 8 weeks. Attendances were 998 (874 for 1971).

Parents' Club - Meetings were held regularly at Watkin Street Infant Welfare Centre until April, and then at the Cromwell Road Infant Welfare Centre, and continued to be popular. The sessions were devoted to social and educational activities, and attendances numbered 481 compared with 601 during the previous year.

Ante-natal Clinics - The domiciliary midwives continued to hold their weekly booking and ante-natal sessions until October, when the following took effect :

Milton Road	Monday (weekly)
Cromwell Road	Fourth Friday in each month
Hope Street	Second and fourth Wednesday in each month.

A medical officer was in attendance on a part-time basis only, and at the Milton Road Centre sessions only. 45 women attended (117 in 1971).

Post Natal Clinics - The few women who took advantage of this service were seen at the ante-natal sessions. Total attendances were 15, four more than last year.

Family Planning - A fully implemented Family Planning Service continued on an agency basis as in the previous year.

One hundred and eighty-three sessions (448 Doctor sessions) were held at the Health Clinic, Milton Road, which offers a very full service and includes investigation of sub-fertility and marital problems.

The number of new cases enrolled totalled 550; service was continued for 828, and the total attendances of Grimsby residents was 3,369.

An analysis of new registrations by method chosen at first visit was :

Oral contraceptives	320
Intra-uterine devices	155
Others	38

In addition to the above, 37 cases took advantage of consultation alone without choice of method.

Arrangements are well in advance for a domiciliary service to be instituted early in 1973 as soon as the necessary staff can be engaged.

Notification of Births - There were notified 1,827 live births and 45 stillbirths, compared with 1,943 and 43 respectively for 1971.

Infant Mortality - The number of deaths of infants under one year was 33 compared with 36 in 1971. The causes of death may be obtained by reference to Table 2 on page 17.

PREMATURITY	1972	1971
Total premature live births	178	99
Births in hospital	174	95
Born at home	4	4

Percentage surviving at 28 days :

Total	82
Born in hospital	82
Born at home	100
Born at home and transferred to hospital	67

<i>Weight at birth</i>	<i>Premature live births</i>											
	<i>Born in hospital</i>				<i>Born at home or in a nursing home</i>							
					<i>Nursed entirely at home or in a nursing home</i>				<i>Transferred to hospital on or before 28th day</i>			
	<i>Total Births</i>	<i>Died</i>			<i>Total Births</i>	<i>Died</i>			<i>Total Births</i>	<i>Died</i>		
		<i>within 24 hrs. of birth</i>	<i>in 1 and under 7 days</i>	<i>in 7 days and under 28 days</i>		<i>within 24 hrs. of birth</i>	<i>in 1 and under 7 days</i>	<i>in 7 days and under 28 days</i>		<i>within 24 hrs. of birth</i>	<i>in 1 and under 7 days</i>	<i>in 7 days and under 28 days</i>
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1. 2lb. 3oz. or less ..	6	4	1	—	—	—	—	—	—	—	—	—
2. Over 2lb. 3oz. up to and including 3lb. 4oz. ..	9	6	1	—	—	—	—	—	1	1	—	—
3. Over 3lb. 4oz. up to and including 4lb. 6oz. ..	20	2	2	—	—	—	—	—	—	—	—	—
4. Over 4lb. 6oz. up to and including 4lb. 15oz. ..	16	—	—	—	—	—	—	—	—	—	—	—
5. Over 4lb. 15oz. up to and including 5lb. 8oz. ..	54	—	2	—	1	—	—	—	2	—	—	—
6. Totals	105	12	6	—	1	—	—	—	3	1	—	—

Stillbirths -

	1972	1971
Total number notified	45	43
Outward transfers	25	27
Occurring at home	—	1
Occurring in hospital	45	42
Associated with prematurity	29	17
Macerated	27	15

Contributory causes were :

Congenital defect	11	Placental insufficiency	4
Ante-partum haemorrhage	10	Obstructed labour	2
Abnormality of cord	5	Rhesus incompatibility	1
Pre-eclamptic toxæmia	5	Multiple pregnancy	1
Prematurity	5	Not known	1

The following tables are included to give an indication of the range of (a) period of gestation and (b) birth weight :

<u>Period of gestation</u>		<u>Weight of foetus</u>	
28 weeks	3	Under 2 lbs	2
30 "	5	2 lbs and under 3 lbs	7
31 "	1	3 lbs " 4 lbs	6
34 "	4	4 lbs " 5 lbs	13
35 "	2	5 lbs " 6 lbs	4
36 "	5	6 lbs " 7 lbs	7
37 "	5	7 lbs " 8 lbs	6
38 "	3		
39 "	5		
40 "	6		
41 "	5		
46 "	1		

Maternal Mortality - One death from maternal causes occurred in a woman 30 years of age.

The "At Risk" Groups - At 31st December there were 949 names on the Register, 489 of which had been placed thereon during the year under review.

Notifications of Congenital Malformations - There were 27 notifications (37 for the previous year) and these are shown below :

Down's syndrome	6
Down's syndrome with hydrocephalus	1
Talipes	5
Hydrocephalus	3
Exomphalos	2
Hypospadias	2
Hypospadias with undescended testicle	1

Spina bifida	1
Spina bifida with hydrocephalus	1
Polydactyly	1
Anencephalus	1
Cleft lip	1
Cleft lip with cleft palate	1
Other malformations of musculo-skeletal system	1

Notification has been very accurate because all the above cases have been seen and confirmed by the Consultant Paediatrician.

Ophthalmic Treatment - Twenty-two cases were referred from Maternal and Child Welfare Clinics, one more than last year.

Ophthalmia Neonatorum and Pemphigus Neonatorum - No cases were notified.

Orthopaedic Treatment - There were 6 cases of referral from Infant Welfare Centres, the same as in 1971.

Children in Care - At the request of the Director of Social Services, 31 children were medically examined prior to placing with foster parents (26 last year).

Children for Adoption - At the request of the Lincoln Diocesan Committee for Social Responsibility, 17 babies were medically examined prior to being placed for adoption, the same number as for last year.

DENTAL SERVICE FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

Part A Attendances and Treatment

Number of Visits for Treatment during year:	Children 0-4 (incl.)	Expectant and Nursing Mothers
First visit	212	87
Subsequent visits	27	194
Total visits	239	281
Number of additional Courses of Treatment other than the First Course commenced dur- ing year	6	3
Treatment provided during the year:		
Number of Fillings	28	217
Teeth Filled	48	191
Teeth Extracted	485	202
General Anaesthetics given	193	44
Emergency visits by Patients	99	13
Patients X-Rayed	-	6
Patients treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis) ..	9	19
Teeth otherwise conserved	-	-
Teeth Root Filled	-	4
Inlays	-	-
Crowns	-	-
Number of Courses of Treatment completed during the year	210	82

Part B. Prosthetics

Patients supplied with F.U. or F.L. (First Time)	-	17
Patients supplied with other dentures ..	-	16
Number of dentures supplied	-	44

Part C. Anaesthetics

General Anaesthetics administered by Dental Officers ..	3
---	---

Part D. Inspections

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of patients given First Inspections during year	225	75
Number of Patients who required treatment ..	203	75
Number of Patients who were offered treatment	203	75
<i>Number of Patients re-inspected during year</i>	9	1

Part E. Sessions

Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare patients.

For Treatment	65
For Health Education	-

MIDWIFERY

The national decline in domiciliary deliveries is still very much in evidence in the Borough, as shown by the number of confinements attended on the district - 46, compared with 83 last year. Cases discharged from hospital after delivery for home nursing totalled 1,477, as follows :

Within 2 days	6
3 to 7 days	1,051
8 or more days	420

The domiciliary midwives are primarily responsible for taking Guthrie tests up to 14 days, after which repeats are carried out by the health visitors. In addition, they have also participated in sessions held for cervical cytology at the infant welfare clinics.

The midwives also take part in the psychoprophylaxis and mothercraft classes. Information and the supply of literature on family planning and health education within their proper field of work is dealt with routinely at staff meetings.

Two members of the staff attended refresher courses during the year.

Ante-natal Sessions with General Medical Practitioners - These continued with groups of doctors who hold separate ante-natal clinics.

Pupil Midwives - The revised training includes attendance and participation of pupil midwives in an eight weeks' psychoprophylaxis course at infant welfare clinics, and a programme is designed to introduce all other services available that may be required, particularly during the ante-natal and post-natal periods. This year pupils have followed up particular deliveries to 28 days in order to complete their case studies, assisted by the health visitors.

HEALTH VISITING

One health visitor qualified and joined the staff during the year and a further four students were sponsored by the Grimsby local health authority.

Attachment to General Medical Practitioners - Due to the enthusiasm of the two health visitors already attached during the previous year, it was comparatively easy to attach the remaining members of the staff, although the establishment did not permit every practice to be accommodated. Those practices which were already employing nurses were omitted. Since separate accommodation for health visitors was rarely available in practice premises, the infant welfare clinics have had to be used for record keeping, etc.

The advantages so far from this scheme are common ground for meeting and discussing clients, the widening of the health visitors' field of work and the ability to concentrate the multiplicity of skills so often required in a particular situation.

The main disadvantages have been the extra mileage covered due to the zoning of patients although this is slowly being adjusted on a voluntary basis. The lack of awareness of all concerned of the proper field of work of health visitors was also very noticeable. These obstacles are being slowly overcome.

Parents' Club - During the year the infant welfare clinic at which this was held had to be demolished as it was situated in a clearance area. The Club however was maintained on a temporary basis until a new clinic was completed.

Training and Refresher Courses - The following were attended by the staff during the year :

- Health Visitor Fieldwork Instructor (1)
- Family Planning for Nurses (2)
- Psychoprophylactic Seminar (National Childbirth Trust) (3)
- Short Course on Hearing Testing Techniques (1)
- Health Education (Grimsby College of Technology) (2)

Paediatric Clinics - The weekly attendance of a health visitor at the hospital paediatric clinic continued to further expand this excellent liaison scheme, whereby information is channelled to and from colleagues in the field.

National Health Service - Reorganisation - As a preliminary move towards integration eight hospital ward sisters were introduced to the field of community nursing services on a day release basis.

HOME NURSING SERVICE

The whole-time establishment of this Service at the end of the year was :

- 1 Nursing Officer, First Line Management
- 9 Queen's and District Trained Nurses
- 4 State Registered Nurses
- 1 District Trained Male Nurse
- 3 Part-time (2 State Registered and 1 Enrolled) Nurses
- 3 Part-time Bathing Attendants

The system of three teams working from clinic centres in geographical areas continued until October, with good general medical practitioner liaison being established.

After a great deal of discussion plans were made for attachment schemes to commence in October when there would be no member of staff on leave. The general medical practitioners had previously been circularised and their wishes were known and duly considered. As with the health visiting service, the number of surgeries and practitioners far outnumbered the nurses available for attachment.

It was decided, for many reasons, not to try a pilot scheme, so on the appointed day (1st October) existing cases were allocated as to the general medical practitioner attachment, due regard previously having been given to case loads, etc.

Staff were attached to the practices nearest to their geographical areas, thus enabling a continuance of the previous contact and goodwill already established. Nursing staff are still based at the infant welfare clinics and this facilitates important contact with other colleagues.

New cases increased dramatically by almost fifty per cent during the first month of attachment, returning to average in November but rising again by twenty-five per cent in December.

One nurse successfully completed a course of district training on a day release basis organised by the Lindsey County Council.

The following shows the work done :

Cases being nursed on 1st January	418
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New cases nursed during the year:—

Adults	1,002
Children 5 to 15 years of age	9
Children under 5 years of age ...	...	10
		<hr/>
		1,021
Total ...		<hr/> 1,439 <hr/>

The figures given below show the total cases and number of visits for the past five years :

<u>Year</u>	<u>New Cases</u>	<u>Total Cases</u>	<u>Visits</u>
1968	826	1,152	49,379
1969	922	1,256	49,351
1970	941	1,304	48,237
1971	927	1,335	48,564
1972	1,021	1,439	50,510

Summary of New Cases Nursed

ADULTS

Notifiable diseases:—

Tuberculosis	...	...	...	...	...	...	3
Others	...	...	...	...	...	...	2

Maternal:—

Post-Natal pyrexia	...	...	...	...	...	...	1
Miscarriage	...	...	...	...	...	...	—
Others	...	...	...	...	...	...	9

Surgical:—

Acute	...	...	...	...	...	...	23
Chronic	...	...	...	...	...	...	210

Medical:—

Anaemia	...	...	...	...	...	...	82
Diabetes	...	...	...	...	...	...	21
Broncho-pneumonia	...	...	...	...	...	...	1
Bronchitis	...	...	...	...	...	...	34
Other chest conditions	...	...	...	...	...	...	22
Rheumatic conditions	...	...	...	...	...	...	21
Cerebral haemorrhage—under 60	...	...	...	...	...	...	5
“ “ —over 60	...	...	...	...	...	...	92
Cancer	...	...	...	...	...	...	106
Ear, nose and throat	...	...	...	...	...	...	2
Gynaecological	...	...	...	...	...	...	24
Cardiac disease	...	...	...	...	...	...	62
Disseminated sclerosis	...	...	...	...	...	...	16
Senility	...	...	...	...	...	...	145
Enemata	...	...	...	...	...	...	56
Others	...	...	...	...	...	...	65

CHILDREN 5 to 15 YEARS OF AGE

Medical	7
Surgical	2

CHILDREN UNDER 5 YEARS OF AGE

Medical	5
Surgical	5

Total	<u>1,021</u>
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Injections.—The nursing staff gave injections to 169 patients in their homes, as follows:—

Diabetics (insulin)	...	...	...	...	...	16
Antibiotics	...	...	...	...	...	10
Diuretics...	...	...	...	...	...	10
Anti-Anaemia	...	...	...	...	...	82
Cortisone	...	...	...	...	...	21
Other special injections	...	...	...	...	...	30

VACCINATION AND IMMUNISATION

General - There was no need to make any alteration to the immunisation programmes especially as the figures generally are increasing.

Recommendations by the Department of Health were made in connection with Rubella vaccination of women of child bearing age, which is referred to under the heading of 'Rubella Vaccination'.

Diphtheria Immunisation - A total of 2,150 children received the complete course of inoculations as against 1,698 the previous year and the following shows the immunisation state for the past five years :

Year	Under 5 years	5 - 15 years	Total
1968	1,288	340	1,628
1969	1,128	248	1,376
1970	1,163	382	1,545
1971	1,219	479	1,698
1972	1,872	278	2,150

Reinforcing injections were given to 2,756 children compared with 2,615 last year.

Whooping Cough Immunisation - The number of cases of whooping cough continued at a reasonably low level and whooping cough immunisation was given in the triple form to 1,962 (previous year 1,294).

Smallpox Vaccination - The number of children to receive primary smallpox vaccination was 127.

Poliomyelitis Vaccination - The number of children immunised against poliomyelitis was 2,148. The figures for the past five years as follows :

<u>Year</u>	<u>Under 5 years</u>	<u>5 - 15 years</u>	<u>Total</u>
1968	1,322	385	1,707
1969	1,138	249	1,387
1970	1,159	486	1,645
1971	1,028	519	1,547
1972	1,866	282	2,148

Children are offered a reinforcing dose of oral vaccine at school entry and 2,760 children received these doses this year.

Rubella Vaccination - The Department of Health issued Circular No. 17/72 which dealt with the question of vaccinating women of child bearing age. Rubella vaccination may now be given to those women who request it and are found to be seronegative, to women in the post-partum period found during their pregnancy to have been seronegative and seronegative women at special risk either of acquiring rubella or of transmitting it to others, e.g. school teachers, nursing staff, nurses and female doctors.

Seven hundred school girls were vaccinated during the year and the response by parents to this protection was extremely good.

AMBULANCE SERVICE

As a result of a report from the Works Study Officer, who was asked to carry out a survey on the organisation structure of the Ambulance Service "to explore all means of improving productivity within the service, with a view to implementing a productivity agreement, meeting the various requirements and recommendations of the National Joint Council and the National Board for Prices and Incomes in their report Nos. 36 and 123", the following recommendations were accepted by the Establishment Committee on the 19th June 1972, and brought into effect on the 3rd July :

1. That the present Station Officer be redesignated Transport Officer and based at the Scartho Road Hospital, Grimsby. This post has a liaison function and the cost is shared between the Grimsby Hospital Management Committee, the Lindsey County Council and the Grimsby Corporation;
2. That four Shift Leaders be redesignated Station Officers (Operations), and that the remaining Shift Leader be appointed as Station Officer (Admin) with the proviso that the post be deleted from the Establishment on the retirement of the present holder; and
3. That five Shift Leaders be appointed from the existing staff.

This re-structuring of the management team was the first part of the survey, to be followed in 1973 with the introduction of a productivity agreement. It is pleasing to record that throughout the whole exercise the needs of the patients were the first consideration of all concerned.

The number of patients carried and the mileage recorded has again shown an increase on the previous year and this would appear to be accounted for by the opening of additional specialist treatment centres in the region. The decrease in the number of patients carried by rail is mainly due to the increase in the cost of rail transport and the desirability to convey cases by ambulance transport direct from home to hospital, or vice versa.

It is encouraging to note that more co-ordination is taking place with other authorities and this not only gives a better utilisation of resources among the Services concerned but is also affording the control room staff an insight of what form the Ambulance Service may take when re-organisation is introduced in 1974.

During the year two women drivers attended the two weeks' refresher course in ambulance aid, organised by the Lindsey County Council and held at the Horncastle Staff Training College, and both received favourable reports. In addition, a Shift Leader spent two days studying the purpose-built Group Ambulance Control Centre of the West Riding County Council of Yorkshire, while the Ambulance Officer attended courses on Radio-Communications (Emergency Reserve Channel) held at the Cheshire Ambulance Training School, and on Middle Management of the Local Government Training Board held at Whirlow Grange, Sheffield.

Further, twelve members of the staff attended four lectures, each of two hours duration, on the techniques of instructing, held at the local Educational Centre and organised by the Training Officer for the Grimsby Corporation. These were arranged to enable sufficient trained staff to be available for any in-service training or instructing the Service may be asked to undertake from time to time.

Two purpose-built ambulances, each with a capacity for two stretchers or nine sitting cases, were ordered during the year and will replace three of the small sitting case vehicles as and when they are taken into the Service.

The statistical tables follow, the figures in brackets being those for 1971.

OPERATIONAL

<u>Type of Case</u>	<u>Patients</u>	
Road Traffic Accidents	459	(446)
Home Accidents	1,259	(1,321)
Industrial Accidents	210	(216)
Collapse	1,050	(904)
Out-patients	51,797	(44,455)
Admissions	3,178	(3,000)
Discharges	2,195	(2,252)
Transfers	1,330	(1,550)
Totals :	61,478	(54,144)

ANALYSIS OF ALL JOURNEYS

Type	Patients		Journeys		Mileage	
Emergency						
Ambulances... ..	3,381	(2,104)	1,895	(885)	70,042	(63,083)
Sitting Case Vehicles	2,475	(783)	591	(372)	34,179	(22,891)
General						
Ambulances... ..	6,617	(6,061)	1,431	(1,000)	34,021	(22,319)
Sitting Case Vehicles	49,005	(45,196)	5,313	(6,115)	114,027	(114,940)
Abortive and Service						
Ambulances... ..	—	(—)	269	(340)	1,429	(1,042)
Sitting Case Vehicles	—	(—)	—	(8)	—	(26)
Totals	<u>61,478</u>	<u>(54,144)</u>	<u>9,499</u>	<u>(8,720)</u>	<u>253,698</u>	<u>(224,301)</u>
By Rail	424	(486)	424	(486)	29,242	(35,899)

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The procedure of case referral by the nursing staff to the Director of Nursing Services continued throughout the year. There were additional referrals from other agencies which were also dealt with. The cases covered a wide age range, with the elderly forming the largest group.

All were sympathetically considered and the majority assisted according to their needs, which could be classified and accorded priority as follows : additional fuel, extra nourishment, period of convalescence, special grants from the National Society for Cancer Relief, and assistance with the visit of a specialist social worker from a Voluntary National Society.

Help with bus fares was also given to relatives visiting patients in a hospital out of town. Such a scheme is operated in close liaison with the Mental Welfare Advisory Officer in the Social Services Department, who organises a periodic bus service to an area where access on a regular transport system is virtually non-existent.

There was good liaison throughout the year between hospital and local authority social workers and the local voluntary services. It is again pleasing to record the generous help given by the National Society for Cancer Relief to 13 cases, who also received a special Christmas gift.

In addition, the Grimsby Cancer Committee donated £50 as a contingency fund, and this has been a tremendous help in giving instant monetary relief in certain cases.

The following is a summary of work done :

New Cases	...	...	...	...	...	59
Number on whom casework was continued	...	...	...	...	...	74
Domiciliary Visits	...	...	...	...	...	357
Office Interviews	...	...	...	...	...	133

B.C.G. Vaccination - The number of vaccinations carried out in the past five years is as follows :

<u>Year</u>	<u>Contact Scheme</u>	<u>School Children Scheme</u>
1968	147	909
1969	123	1,170
1970	180	1,243
1971	107	1,867
1972	160	1,554

Further information of the year's work in the field will be found in the School Health Service section (Part VII) of this report.

Yellow Fever Vaccination - The number of persons vaccinated and issued with an international certificate was 383, 50 less than in the previous year.

Chiropody Service - This service is administered by the Social Services Department and I am indebted to the Director for supplying the following information :

The number of chiropodists employed is two full-time and two part-time on a sessional basis. Sessions are held daily in the offices of the Welfare Services Department and twice weekly as required in the premises of the part-time chiropodists; domiciliary visiting is also carried out.

A total of 2,613 patients (2,582 aged 65 and over, and 31 physically handicapped or otherwise disabled) received 9,553 treatments during the year, compared with 2,416 and 9,983 respectively last year. In addition, 900 separate foot appliances were made for 276 persons in the Appliance Section at the Centre based in the Social Services Department.

A recent survey conducted on behalf of the Social Services Department revealed that 25 per cent of the elderly population in Grimsby are in need of this service. At present only 18 per cent are receiving treatment because of the national shortage of chiropodists.

Fluoridation of the Public Water Supply - The Health Committee, at their meeting on 13th November 1972, after receiving a report from the Medical Officer of Health on this subject, strongly recommended the Grimsby Town Council to agree to the fluoridation of the public water supply.

The Town Council however referred this matter back to the Committee for further consideration, when it was then resolved that no further action be taken.

Cervical Cytology - Towards the end of last year preparations were made for the periodic recall scheme for routine cervical cytology to be carried out and consequently many more sessions were devoted to this work. The following information is provided :

Number of women given appointments	505
Recalls (under N.H.S. scheme)	234
Voluntary repeats	153
New Patients	112
Number of smears taken	<u>499</u>

RESULTS

Non-specific inflammation	23
Mild dysplasia	5
Mild dysplasia & non-specific inflammation	2
Trichomonas infection	6

Long-stay Immigrants - All long-stay immigrants are visited by a health visitor and given information about health services available to them and their dependants, as far as possible in their own language. In particular, they are advised to register with a general medical practitioner and avail themselves of x-ray examination and heaf testing facilities provided by the Chest Clinic.

HEALTH EDUCATION

The local health authority subscribes to both the Health Education Council and the Royal Society for the Prevention of Accidents and makes full use of the publicity material of these organisations.

A total of 24 lectures and talks were given to local organisations on various aspects of Public Health and Health Education,¹ eleven by the Medical Officer of Health, ten by the health visitors and three by the public health inspectors. Attendances at these meetings totalled 668.

The course in Food Hygiene was continued at the Grimsby College of Technology for employees of food shops, catering and food manufacturing premises wishing to take the Certificate of the Royal Society of Health in "Hygiene in Food, Retailing and Catering". Sixty-seven students enrolled for this course, the lectures again being given by the Deputy Chief Public Health Inspector assisted by a Principal District Inspector (Food).

In addition to the course mentioned in the previous paragraph, a series of 12 lectures were given to 26 employees in the Schools Meals Service. No formal examination was involved.

All the health visitors have been responsible for organising table and poster displays in the various infant welfare centres throughout the year. This is a continuous project which is accorded a great deal of priority. Schemes to link up with national campaigns are discussed in advance at staff meetings in an effort to make the greatest impact possible. Full use is made of all available poster and leaflet material supplied free by the central department, as well as the other media distributed at cost by various organisations. The many displays have included smoking and health, venereal disease, cervical cytology and family planning.

Health education is promoted by the health visitor at every available opportunity on a person to person basis during ante-natal sessions, parents evenings and during psychoprophylaxis classes. Posters and leaflets were supplied to an old peoples' club for a particular event on "Accidents in the Home".

Four health visitors gave a series of talks at secondary girls' schools on maternal and child care, development, personal hygiene, spread of infection, smoking and health, and the National Health Service. Suitable films were shown, both strip and sound, and full use made of other educational media.

Psychoprophylaxis classes continued to be very popular and were well attended throughout the year at all the purpose-built clinics. Special evening sessions for fathers-to-be were well attended.

There is a weekly mothercraft class (Stork Club) being held at the Grimsby Maternity Hospital where health visitors and domiciliary midwives participate. Student midwives and student nurses from local hospitals also gain experience of this Club. Likewise, programmes compiled by the community nurses are arranged for all student nurses in training and this is normally carried out for a period of three months.

PART IV —SANITARY CIRCUMSTANCES

This section of the report has been compiled by the Chief Public Health Inspector, Mr. A. Manson.

Staff - Messrs. I.N. Reynard, R.J. Cufflin, R.W. Hudson and M. Hutchinson were appointed during the year as Senior District Inspectors and Mr. S.L. Harrison as a District Inspector. Two of these senior inspectors were appointed to replace Mr. A. Henderson, who was transferred to the Food Section of the Department, and Mr. H. Jackson who left to take an appointment with the Grimsby Rural District Council. Two other posts were newly established to deal with the Housing Appraisal Survey. Mr. D.J. Hartley left to take an appointment as a District Inspector with the Brigg Urban District Council and Mr. M.J. Davie went to Cleethorpes Borough Council.

Mr. C.I. Mantle, pupil Public Health Inspector was successful in satisfying the examiners on Year 2 of the B. Sc. (Sandwich) Course in Environmental Health at the University of Aston in Birmingham and is now eligible to proceed to the third year of the course. This terminal examination is recognised as the equivalent of the Intermediate Examination of the Public Health Inspectors' Education Board.

Owing to a vast increase in the number of applications for Improvement Grants under the Housing Act, 1969, the Housing Section of the Department was increased by the addition of three posts for Technical Assistants. These posts have now been filled.

I should like to take this opportunity of expressing my gratitude to all members of the staff for their continued loyal service during the year.

Water Supply - I am indebted to Mr. C. Cooper, Engineer and Manager of the North East Lincolnshire Water Board, for the following information regarding the public water supply to the Borough :

1. "(a) The quality and quantity of water supplied have at all times been satisfactory.
 - (b) There has been no contamination on which to take action.
 - (c) The total number of dwelling houses and the number of the population supplied are 32,237 and 95,610 (Mid 1971) respectively. Records of the population supplied from standpipes are no longer kept as this method of supply is now very rare in the Grimsby area.
 - (d) No fluoride is added to the supplies in the County Borough area but the natural content is 0.15 p.p.m.
2. (a) Bacteriological examinations are made of both raw and treated water. Approximately 450 samples were examined during the year and all were free from coliform organism. Full chemical analyses are also undertaken twice per year on each source of water, copies of which are sent to the Health Department.
 - (b) The water supplied to the Grimsby area is not plumbo-solvent".

Set out below are typical results of chemical and bacteriological samples of water taken from house taps during the year under review :

Physical Characters

Suspended matter	none
Appearance of a column 2ft. long	clear; colourless
Taste	normal
Odour	none

Chemical Examination	Parts per million
Total solids dried at 180° C.	324.0
Chlorides in terms of Chlorine	19.0
Equivalent to Sodium Chloride	31.3
Nitrites	none
Nitrates as Nitrogen	3.44
Poisonous metals (lead, copper, etc)	less than 0.04
Total hardness	256.0
Temporary hardness	205.5
Permanent hardness	50.5
Oxygen absorbed in 4 hours at 80° F.	0.12
Ammonical Nitrogen	0.072
Albuminoid Nitrogen	0.024
Residual Chlorine	none
pH value	7.3

Remarks : I am of the opinion that the water is fit for drinking purposes.

(Signed) E.P. Underwood for A.H. Allen & Partners
9th May 1972.

Bacteriological Examination

Plate Count : 3 days at 22°C. aerobically - Cols. per ml. - 2
2 " 37°C. " " - Nil

Coliform Test: E Coli absent in 100 mls. of sample

Cl. Welchii: Absent in 50 mls. of sample

(Signed) H. Lawy, Consultant Bacteriologist

The Department of Pathology,
Grimsby General Hospital
25th May 1972

Paving and drainage of common passages - Following the service of formal notices under Section 56 of the Public Health Act, 1936, as amended by Section 9 of the Grimsby Corporation Act, 1970, on the owners affected and obtaining written consents, 3 passages, involving 31 houses, were newly concreted at a total cost of £640.

Sewerage and Sewage Disposal - I am indebted to Mr. S.W. Norman, Borough Engineer, for supplying the following information :

"Generally the sewerage system in the town is adequate except for some of the older areas in the town. To improve the system a length of new 21" dia. sewer was laid in Elsenham Road as some difficulty was being encountered with run off from Peter Dixon's Paper Mill which is adjacent. Also work has commenced on a new 18" dia. sewer from Albion Street to Freeman Street to relieve flooding in the vicinity of Freeman Street Market.

To provide facilities in the Scartho area for new housing development and the construction of a new area hospital work is now in progress culverting the Southfield Drain with 54" & 48" dia. concrete pipes, approx. length $1\frac{3}{4}$ miles.

No further development is being allowed on the east side of the town in the Weelsby area until further facilities are provided in this area this is in accordance with a Town Council resolution.

During the year the low level pumping station at Pyewipe was extended by the installation of 3 additional pumps 24", 33" & 36" diameter respectively. This work was carried out in view of the continuing development of the area draining to this station i.e. Laceby Acres, Wybers Wood Estate and South Humberside Industrial Estate. This completes the work on this pumping station".

Public Cleansing - The Director of Works, Mr. M.C. Palmer-Jones, has supplied the following information on the Cleansing Services for the year :

"The total weight of house and trade refuse collected amounted to 34,300 tons and apart from 704 tons salvaged and sold for £3,650, the remainder (33,596 tons) was disposed of by controlled tipping.

New dustbins are still being issued under the Municipal Bin Scheme set up under Section 75(3) of the Public Health Act, 1936, to premises in the Borough and these are renewed as and when they become unserviceable".

Sanitary Inspections:—

Accumulations	419
Caravans	11
Dirt and grit nuisances	19
Dirty and verminous houses and persons	149
Factories and workplaces	84
Infectious disease enquiries	154
Offensive smells	183
Passages and yards	63
Places of entertainment	16
Smoke observations	47
Other matters	897
Animals	88
Complaints received and investigated	3676
Drainage	1032
Drain tests	10
Houses in multiple occupation	42
Noise nuisances	153
Offensive trades	21
Piggeries and stables	Nil
Rats and mice	44
Water supply	70

Offensive Trades - Routine inspections were made of the few remaining offensive trade premises within the Borough.

Fish and Offal Transport - As in previous years surveys were carried out from time to time at certain main road junctions leading out of town to detect nuisances caused by the spillage of offensive liquid on to the highway from fish transport vehicles in contravention of the Byelaws in force within the Borough under Section 82 of the Public Health Act, 1936.

Letters of warning are sent to those found contravening the Byelaws for the first time.

Legal proceedings were taken against the owner of a fish transport lorry for the discharge of offensive liquid on to the highway when he was found guilty but was given a conditional discharge for twelve months.

Insect Pest Control - 27 houses and business premises were sprayed for the eradication of vermin.

This service had unfortunately to be seriously curtailed during the year owing to the continued absence from duty of the operator on account of illness.

Treatment by the usual insecticides proved effective and was carried out for the insects shown in the table below :

Infestation by:	Number of premises disinfested		
	Domestic	Business	Total
Ants	2	-	2
Bed Bugs	4	-	4
Cockroaches	7	2	9
Fleas	9	-	9
Flies	1	-	1
Lice	2	-	2
Totals :	25	2	27

Rodent Control - The Prevention of Damage by Pests Act, 1949 -
 Nine hundred and twenty-seven complaints were received regarding rat and mice infestations, none of which were found major infestations. Warfarin continued to be used successfully in the treatment of rat infestations but marked resistance to this bait by mice continued in some areas of the town, when other types of bait had to be used.

As in previous years there appeared to be a large influx of rats into the town from the surrounding areas during the early winter months and mice infestations increased.

The Rodent Operator is carrying out continuous visits to premises within the Borough as a result of complaints received from the public and for general inspections to trace possible infestations.

Work was continued on the baiting of inspection chambers in common passages giving access to houses, which often results in the clearance of infestations originating from the public sewers.

Destruction of Rats and Mice

		Type of Property	
		Non-Agricultural	Agricultural
Properties other than sewers			
1.	Number of properties in district...	38,732	3
2. (a)	Total number of properties (including nearby premises) inspected following notification ...	1,332	—
(b)	Number infested by (i) Rats ...	514	—
	(ii) Mice ...	548	—
3. (a)	Total number of properties inspected for rats and/or mice for reasons other than notification ...	73	—
(b)	Number infested by (i) Rats ...	23	—
	(ii) Mice ...	20	—

Cleansing of Verminous Persons - The Cleansing Station situated at the rear of the Health Department was only used once during the year to cleanse a male infested by lice.

Laundry for Incontinent Patients - With the co-operation of the Director of Works this laundry is now operated from the Scartho Road Swimming Baths and continued to provide a useful service for the washing of sheets, clothing, etc. from incontinent patients being nursed in their own houses.

A twice-weekly service is given in needy cases which is carried out free of charge. The washing is collected and returned by the male laundry attendant in a van provided for this purpose.

This service continues to be appreciated by all concerned.

Atmospheric Pollution - The contents of the standard deposit gauges for measuring air-borne deposited matter situated in Eleanor Street and Bradley Woods were examined at monthly intervals with little variation from last year's results.

Visits continued to the Department at regular intervals throughout the year by the Alkali Inspector for this area to discuss problems associated with emissions from factory chimneys on the Humber Bank.

On the 13th September 1972, the Public Protection Committee interviewed Mr. A.H. Brown, District Alkali Inspector, and Dr. Sitch of Courtaulds Limited, in connection with action to be taken for the control of offensive odours from chemical factories on the Humber Bank Estate. It was reported that the factories concerned were doing all in their power to alleviate the nuisances.

Complaints were received of offensive smells emanating from a Fish Meal Factory. Some new machinery was installed during December 1971 but work was not completed until March 1972. Problems were experienced with the re-circulation system for dealing with odours which had been expected to go some way in solving the emission of offensive odours. An order has now been placed by the firm for a further new machine, at a cost of over £150,000, to replace two outdated machines and it is expected this should be installed next year. When this machine is installed it is expected that the problem of offensive odours will be reduced.

No real problems were experienced in relation to smoke and grit emissions from factory chimneys, although some nuisance was caused by demolition contractors burning refuse and debris on clearance area sites. Notices under Section 30(1) of the Clean Air Act, 1956, were served on offenders, where appropriate.

Installation of Furnaces - Notification and applications for prior approval under Section 3 of the Clean Air Act, 1956.

Three notifications and five applications for prior approval of proposed furnace installations were received and dealt with under this Section of the Act. In each case approval was given subject to some modifications where applicable.

Swimming Baths - There is one Public Swimming Bath and three School Swimming Baths within the Borough, details of which are set out as follows :

The Public Swimming Bath - This is situated in Scartho Road and was opened in December 1962. The building incorporates a Russian Steam Bath, two Finnish Log Sauna Baths and a restaurant, in addition to the 110ft. by 42ft. National Championship Pool.

Water is supplied from the North East Lincolnshire Water Board's high pressure main. The system is capable of circulating, filtering and chlorinating the pool's 237,000 gallons once every four hours. Two 15ft.by 8ft. diameter horizontal pressure filters have a maximum rate of flow through the filters of 250 gallons per hour per square foot of filter area. There is a total of nine valved inlets along the sides and ends of the pool. Three outlets are set in the bottom of the diving bay and a finger grip scum trough is provided round the full perimeter of the water area. Tests for residual chlorine and pH value are made daily by the Baths Manager and his staff; the free available chlorine content is maintained at a predetermined level to give hygienically safe bathing conditions at all times.

School Swimming Bath, Eleanor Street - This bath, measuring approximately 54ft. x 18ft., 3ft. to 4ft.6in. depth, has a capacity of 22,000 gallons, using the Town's water supply. There is one vertical sand pressure filter, together with chemical dosing and heating plant. Routine daily water tests are made by the Caretaker. In August 1970 the old tiled pool was re-lined with glass fibre, resulting in a greatly enhanced appearance and prolonged life.

Swimming Bath, Hereford School - This bath, commissioned in November 1966, is 82ft. 6in. long by 24ft. wide, with a depth ranging from 3ft. to 6ft. and has a capacity of 55,700 gallons of water supplied from the Town's main. The whole of the contents are filtered and chlorinated once every $4\frac{1}{2}$ hours. Circulation within the Pool is of the standard type, with two shallow end inlets and one deep end outlet; overflow channels are incorporated to return the surface water to the filter plant.

The purification plant comprises 2 x 50 square feet pre-coat filters, a manually adjustable gas chlorinator and a water heater. The necessary water tests are made daily by the Attendant.

Swimming Bath, Havelock School - Opened in September 1969, this third school pool is the most recent in the Borough. Measuring 25m. (82ft. 6 in.) by 30ft. with a depth range of from 3 ft. to 9 ft. 10½ in. it contains 86,000 gallons of water which is "turned over" once every four hours. Water circulation within the pool is of the conventional shallow-to-deep system, with surface water skimmer weirs. Chlorination to acceptable standards is by means of a manually adjustable chlorinator. A pre-coat filter is used having a total internal surface treatment area of 200 square feet.

Routine daily tests for chlorine residual, etc. are made by the Attendant.

Places of Entertainment - As in previous years premises which are subject to annual licences such as cinemas, church halls and schools, where stage plays are performed, were inspected and only minor defects found to exist. These were remedied before the licences were renewed.

Noise Abatement Act, 1960 - One hundred and fifty-three visits were made to investigate complaints of excessive noise and vibrations and the majority of such complaints were concerned with nuisances which occur during the night or early hours of the morning.

The most common cause of complaints were noisy animals, noise from the use of road drills and compressors, refrigeration plant on parked vehicles and in food processing factories, escaping steam from a boiler plant, sounding of chimes and bells on ice cream vehicles, launderette equipment and from "pop groups" in clubs, etc. Notices were served where it was established a nuisance existed.

On the 10th November 1972, a detailed report was presented to the Public Protection Committee on the investigations carried out into an alleged noise nuisance from the food processing factory in Humberstone Road, owned by Findus Ltd. Two Senior Public Health Inspectors carried out a detailed survey in the area surrounding the factory and measurements of sound levels were taken using a Dawes Transistor Sound Level Meter (Type 1400 E - Serial No. 3641).

Complainants had made comment of the constant background noise and excessive and irregular factory noises particularly between the hours of 2 - 3 a.m. and 5 - 7.30 a.m.

Visits were made over the period 12th October to 9th November 1972, between the hours of 9.40 p.m. to 8 a.m. and during the day.

The actual levels of noise recorded during the survey did not indicate a level at which nuisance would be anticipated based on the analysis methods laid down in British Standard 4142. In all instances the corrected levels were lower than the corrected criteria as laid down in B.S.4142. There are however no legal standards and it would appear that whilst not agreeable these noise levels did not constitute a public health nuisance.

Conclusions

1. The general background noise in the area of the factory was not considered to be excessive but the constant whine will give rise to complaint from certain individuals although no further action could be recommended.
2. The mix of noises referred to from the various sources was so complex that the complete isolation of all noise sources, which is not practical, seems to be the only solution. This difficulty is highlighted by the absence of change in the background level between production and night conditions.
3. The proximity of the houses 163/165 Humberstone Road, and associated areas, gives rise to extreme nuisance created by traffic and shift changes when the background level is similarly higher than at other points.
4. Weather conditions tend to further complicate the situation when the predominant Findus noise is accentuated by other industrial noises. On a cloudless night with a breeze from the North West loud noises were heard and traced to the Fish Docks.

5. Informal action and constant communication and consultation in the event of avoidable nuisance was recommended. The Findus Engineers are at present looking into the possibility of enclosing an external compressor unit and suggestions have been made in relation to additional sound proofing of the boiler house.

The Committee accepted the report and agreed that action should continue as outlined in sub-paragraph 5 above.

Offices, Shops and Railway Premises Act, 1963

1. Registration and Inspections

At the end of the year 1269 premises were on the register, including 44 firms whose premises were newly registered during the year.

Newly registered premises were given their first inspections and routine visits made to existing registered premises. Following these inspections it was found necessary to send 104 first notices and 8 second notices to 34 offices, 72 shops and 6 catering premises regarding contraventions of the Act, as follows :

Not displaying the Regulations	22
Without adequate first aid boxes	30
Without thermometers	18
Without proper hot water supplies	15
Without wash-hand basin	4
Defects	39
Inadequate heating	7
Premises requiring cleansing	21
Premises requiring decoration	29
Without adequate handrails	10
Inadequate lighting of premises	3
Inadequate lighting of water closets	10
Inadequate ventilation	9
Defective floor coverings	23
Dangerous premises	3

Dangerous machinery	1
Without a supply of drinking water	5
Intervening ventilated space required for water closet	7
Water closets not marked for sexes	3
Without facilities for hanging outdoor clothing	2
Water closet required	3

II. *Operation of the General Provisions of the Act*

Routine inspections were continued during the year by the District and Port Health Inspectors. The total number of inspections was almost double those carried out during the previous year, i.e. 1504 against 836 in 1971. In cases where contraventions were found, apart from minor matters, letters were sent requesting attention. Where necessary advice was given on action needed to be taken to comply with the Act. No prosecutions were taken during the year.

Once again advice on the provisions of the Act was given to prospective developers or persons taking over premises or adapting them. As a matter of routine, plans of new buildings are examined and the depositors informed of the requirements of the Act. Generally speaking co-operation is forthcoming in the enforcement of the Act.

III. *Accidents*

During the year a total of 31 accidents were notified which is almost a hundred per cent increase over 1971 (17). Whether this indicates that more accidents actually happened or otherwise the efforts taken to ensure that they are notified were somewhat successful is, of course, unknown. Twelve of the accidents were to males and nineteen to females.

Again it is satisfying to report that no deaths resulted, and whilst several of the accidents involved fractures, in the main the injuries sustained were not too serious in nature. No prosecutions were taken.

Almost half the accidents (15) were due to falls, seven caused by falls on the same level and eight involved falls on staircases or from steps or ladders. Twelve accidents occurred

whilst persons were handling goods - stacking boxes, loading lorries, opening tins, etc.

Most of the accidents were fully investigated but little negligence on the part of employers could be discovered as by and large the accidents appeared to be "one of those things" due to carelessness or lack of concentration by the injured persons.

FACTORIES ACT, 1961

The Annual Report of the Medical Officer of Health in respect of the year 1972 for the County Borough and Port of Grimsby in the County of Lincolnshire.

Part I of the Act

1. Inspections for the purpose of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities. . . .	80	133	20	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	580	446	29	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	39	3	—	—
Total	699	582	49	—

2. Cases in which defects were found. (If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars (1)	Number of cases in which defects were found				No. of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ..	139	130	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3)	9	8	—	—	—
Inadequate ventilation (S.4) ..	5	4	—	—	—
Ineffective drainage of floors (S.6) ..	17	10	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ..	2	1	—	—	—
(b) Unsuitable or defective ..	114	97	—	—	—
(c) Not separate for sexes ..	1	1	—	—	—
Other offences against the Act (not including offences relating to Outwork) ..	33	26	—	—	—
Totals ..	320	277	—	—	—

Part VIII of the Act

Outwork

(Section 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel making, etc. ..	1	—	—	—	—	—
Curtains and furniture hangings ..	4	—	—	—	—	—
Nets, other than wire nets ..	34	—	—	—	—	—
Total ..	39	—	—	—	—	—

PART V —HOUSING

The Chief Public Health Inspector submits the following report:—

Housing Act, 1957—Clearance Areas and Compulsory Purchase Orders.

Work continued during the year in dealing with the Council's approved Clearance Programme.

The following Orders were dealt with during 1972 :

1. Grimsby (Convamore Road No. 1)
Compulsory Purchase Order 1971
involving 167 houses. A Public Inquiry in respect of the Order was held on the 14th March 1972 and the Order was confirmed on the 6th June 1972 with certain modifications.
2. Grimsby (New Clee No. 3)
Compulsory Purchase Order 1971
involving 54 houses. The Public Inquiry in respect of this Order was held on the 22nd February 1972, the order being confirmed on the 6th June 1972, with certain modifications.
3. Grimsby (New Clee No. 4)
Compulsory Purchase Order 1972
involving 90 houses. The Public Inquiry in respect of this Order was held on the 22nd August 1972.
4. Grimsby (New Clee No. 5)
Compulsory Purchase Order 1972
involving 24 houses, 9 shops with living accommodation and 5 other shops. The Public Inquiry in respect of this Order was held on the 28th November 1972.
5. Grimsby (Sixhills Street No. 1)
Compulsory Purchase Order 1972
involving 25 houses. This Order was submitted to the Secretary of State for confirmation on the 29th December 1972.

6. Grimsby (Garden Street No. 1)
Compulsory Purchase Order 1972
involving 90 houses. The Order was submitted to the Department of the Environment for confirmation on the 10th November 1972 and the Public Inquiry has been provisionally fixed for the 24th July 1973.
7. Grimsby (Cobden Street No. 1)
Compulsory Purchase Order 1972
involving 49 houses. Although the inspections of the properties within this Order had been completed during December 1972, the Order had not been submitted to the Department of the Environment for confirmation by the end of the year.

Individual Unfit Houses - Demolition Orders under Section 17 of the Housing Act, 1957, were made as follows :

North and South Cottages, Scartho Top (2)
Nos. 74, 76 and 78 Wellington Street.

Housing Statistics

Houses represented under Section 16 of the Housing Act, 1957	5
Demolition Orders made	5
Closing Orders made	Nil
Number of houses, bungalows & flats erected in the Borough :	
(a) By the Local Authority - Houses	19
- Flats	18
(b) By Housing Associations - Flats	22
(c) By Private Enterprise - Houses	181
Number of houses demolished during the year	757

Housing - Inspections

Houses (Housing Acts)	694
Houses, defects & nuisances (Public Health Acts)	1777
Overcrowding (Housing Act)	13

Notices

Informal notices served	369
Statutory notices served (427 Public Health Acts, 1 Clean Air Act)	428

Work in default of compliance with statutory notices was carried out by contractors on behalf of the Corporation in respect of 101 houses.

Defects remedied and nuisances abated included :

Accumulations cleared	108
Chimney repairs	16
Doors and frames renewed or repaired	34
Eaves gutters renewed or repaired	99
Floors repaired	66
Plaster repaired	82
Roof repairs	94
Sink and pipe repairs	7
Stairway repairs	16
Water closet repairs	65
Window repairs	88
Animal nuisances abated	60
Drains cleared	1612
Drains repaired	12
Dampness abated	114
Fireplace and range repairs	18
Offensive smells abated	32
Rainwater pipe repairs and renewals	22
Smoke nuisances	21
Wall repairs	22
Water pipes and taps repaired	24
Yard and path paving repaired	13

Housing Defects - Legal Proceedings

Legal proceedings were instituted in respect of 44 houses on account of the failure of owners to comply with statutory notices served on them under Section 93 of the Public Health Act, 1936. Nuisance Orders were issued by the Magistrates in respects of 19 houses, the work having been completed in

the other cases before the dates of the Court hearings. Fines totalling £30 were imposed in respects of two of the cases.

Housing Acts, 1957 & 1969 - Clearance and Improvements

It cannot be emphasised too often that the clearance of unfit dwellings and the improvement of the remaining older housing stock must be seen as complementary objectives and not as alternative objectives.

As a general rule any house can be made into a fit house if enough money is spent on it but there is a point where it becomes uneconomic to improve an old house. General limits are laid down in Circular 65/69 on the economic aspects of improvement as compared with redevelopment. Streets of aged terraced property with a low percentage of existing amenities, low rateable value, a high incident of controlled tenancies and in general in a poor state of repair and with poor environmental quality are usually uneconomic to improve and provide the bulk of the house clearance potential.

The first field sample survey of the housing stock of the County Borough which was carried out by the department at the end of 1969 identified areas of sub-standard housing which were made the subject of detailed appraisal during 1971. In all some 8,000 properties were investigated and the results of the survey completed at the end of that year were presented in a detailed report to a joint meeting of the Estates and Planning and Transportation Committees on the 16th June 1972. The report submitted by the Chief Public Health Inspector indicated that a total of 1097 houses were considered to be unfit and a further 617 houses were included so as to ensure satisfactory redevelopment of the cleared sites.

The Joint Committee resolved inter alia that : 1) The Chief Public Health Inspector should carry out a 100 per cent survey of the houses concerned and as each sub-area was completed his report together with the observations of the Director of Estates and the Borough Planning Officer be submitted to the Joint Committee, and 2) That the Establishment Committee be recommended to consider the appointment of additional staff for this survey.

Two additional Public Health Inspectors were appointed in October 1972, when the survey work was commenced. It is anticipated that the first sub-area, comprising 381 houses will be inspected by the end of February 1973 and a full report submitted to the Joint Committee by the end of March 1973.

General Improvement Areas - In accordance with Minute ES97 of the Estates Committee at their meeting held on the 6th October 1971, the area bounded by Farebrother Street, Welholme Road, Highfield Avenue and Weelsby Road and containing 332 houses was surveyed by the Department in January and February 1972, with a view to declaring the area to be a General Improvement Area under the provisions of the Housing Act, 1969.

The initial survey commenced on the 13th January 1972, by circulating every known occupier with an introductory letter and questionnaire, together with a copy of a map defining the proposed area. In all 63% of the questionnaires were returned indicating a positive response of 42% and a negative response of 15% of the householders within the area.

The second and detailed survey of the dwellings in the area commenced in early February 1972 and was carried out by the staff.

The dwellings in the area consist entirely of terraced properties erected at various times between 1880 and 1913, the newer and generally better properties being situate in the southern section of the area. The properties generally of sound structure being of traditional brick construction with slate roofs and after improvement can be confidently expected to have an estimated future life of at least 30 years. The properties are of the "wing" back type and have internal floor areas varying from approximately 1000 square feet to 1200 square feet. A small number of the houses are occupied as two flats. With the exception of the shops situate in Farebrother Street the properties possess small front gardens about 8 feet in depth across the full frontage.

A brief socio-economic survey was combined with the survey of the physical condition of the properties.

It is interesting to note that the response of the householders to the proposed General Improvement Area was significantly different when questioned by the staff, from the response to the postal survey, which is illustrated by the fact that of the positive response of 138 householders to the postal survey only 54 gave a positive response when answering the staff.

A full report on this survey was presented to the Estates Committee at a meeting held on the 8th June 1972, when it was resolved that the area be declared the Grimsby (Farebrother Street/Highfield Avenue) General Improvement Area, 1972, which was approved by the Town Council on the 28th June 1972.

Publicity - The declaration of the General Improvement Area was widely publicised in the local press supplemented by press contributions from central government.

During the week prior to the opening of a show house in the area which was improved to the 12-point standard an Exhibition Caravan of the Department of the Environment was sited in Kettlewell Street.

The show house, No. 17 Highfield Avenue, received a very favourable press, was featured on Radio Humberside and in all attracted more than 1,000 visitors.

Every effort has been made to ensure that the householders in the area have been kept abreast of development and apart from the visit of one of the staff during the field survey every dwelling has had :

- (i) The original introductory letter and questionnaire
- (ii) A circular drawing the occupants attention to the show house.
- (iii) On the introduction of the 75% Improvement Grant in March a letter of information was sent to each dwelling.

When the survey was completed it was found 29 Improvement Grants had been completed within the area, two of which were to provide flats by conversion. This left a nett total of 296 dwellings remaining subject to general study.

An analysis of these houses gave the following results :

1. Number of properties meeting the 12-point housing standard (other than those improved by aid of grant)	32
2. Number of properties requiring small to medium works of improvement and repair to achieve the 12-point housing standard	76
3. Number of properties requiring medium to comprehensive works of improvement and repair to achieve the 12-point housing standard	188
Total :	<hr/> 296 <hr/>

Since the area was declared 49 initial approvals for Improvement Grants have been issued and a further 41 houses have been improved to the 12-point standard.

Discussions at officer level have taken place on proposed environmental improvements to the area as a whole such as improvements to cul-de-sac heads, levelling and re-grassing parts of Highfield Avenue and additional tree planting and landscaping, improvements to street lighting, and the possibility of providing rear access and/or garage courts to relieve on-street parking problems.

Individual House Improvements

The main change affecting grants during the year was the inclusion of the Grimsby County Borough in an Intermediate Area as defined by Central Government, this meant of course that the grant provisions of the Housing Act, 1971, applied and that grants of 75% of the reasonable costs of improvement, subject to a cost limit of £2000, became available from 22nd March 1972, initially for a period until June 1973 but this period has now been extended, in the words of the Minister "On a once and for all basis" to 23rd June 1974.

It must be fully understood by applicants that the 75% grant will be paid only in respect of grant works which have been completed and certified as completed before 23rd June 1974.

The initial effect of Intermediate Area status was a sharp increase in the number of grant enquiries and at the end of the year the total number of enquiries was more than double the 1971 total. The staff in April 1972, were overwhelmed with the vast increase in grant enquiries, additional staff were not recruited until Autumn by which time the services of the majority of the experienced staff had been lost. As a result the backlog of enquiries had not been eliminated by the end of the year in spite of great efforts by all the staff concerned.

Long delays are being experienced by applicants who having final approval for Grant, are unable to secure the services of builders who already have work in hand for a long period. Some builders are reputed to have 1 - 1½ years work in their order books.

The great majority of improvement works are carried out smoothly and competently by small building firms who have the necessary flexibility to carry out a series of "one off" jobs but there is evidence that some of the larger local building firms feel that the present value and volume of improvement work will justify the formation of Small Works Departments. The introduction of competent work forces into the grant work field is welcome. However a disproportionate amount of the Technical Assistants' time is still being taken up in supervising the activities of certain fringe elements in the building trade. The difficulties to be overcome in securing the presentation of a barely acceptable job of work are sometimes almost endless.

The amount of money paid out in grants was more than double that paid out in 1971 but much of this increase is accounted for by the general increase in the costs of labour and materials and to the 75% grant payments introduced earlier in the year.

	1972	1971
Number of dwellings for which enquiries were received during the year	2,380	1,141
Number of dwellings for which grants were approved:—		
(a) Standard Grants	98	105
(b) Improvement Grants	443	280
(c) Conversions	50	28
Number of dwellings improved:—		
(a) Standard Grants	89	117
(b) Improvement Grants	296	206
(c) Conversions	7	28
Number of local authority houses improved with the aid of Ministry contributions	Nil	Nil
Number of representations received under Section 19 of the Housing Act, 1964	Nil	4
Number of houses the subject of representation improved:—		
(a) By notice	Nil	Nil
(b) Voluntarily	Nil	3
Amount of Grants paid:—		
(a) Standard Grants	£10,259	£11,500
(b) Improvement Grants	£191,218	£90,000

From the inception of the grant system to the end of 1972, 2,077 houses had been improved with the aid of grant and of this number almost a half 1,036 houses were improved in the past 3 years.

Housing Act, 1969 - Part III

Rent of dwelling in good repair and provided with the standard amenities.

1. Section 45—Qualification Certificates	
(a) Applications received	16
(b) Qualification Certificates granted	16
(c) Qualification Certificates refused	31
(d) Appeals (i) allowed	Nil
(ii) disallowed	Nil
2. Section 46—Certificates of Provisional Approval	
(a) Applications received	18
(b) Provisional Certificates granted	23
(c) Provisional Certificates refused	Nil
3. Section 54	
Number of County Court orders made empowering landlords to enter and carry out works	Nil

Caravan Sites Act, 1968 - Ministry of Housing and Local Government Circular 49/68.

There have been no real problems concerning gypsies and other itinerants within the Borough during the year.

The Department of the Environment in a letter dated the 30th November 1971, granted exemption to the local authority from the duty placed upon them by Section 6(1) of the Caravan Sites Act, 1968, in providing suitable caravan sites for gypsies resorting to the area.

Common Lodging Houses - The Brighowgate Hostel, occupied by the Salvation Army, with accommodation for 100 men in a modern building was visited regularly. Conditions on the whole continued to be satisfactory.

The old Seamen's Hostel in Riby Square was bought by the Town Council in 1967 and provided accommodation for 38 men. The premises are administered by the Director of Social Services. Regular inspections were made and on the whole the premises were found satisfactory.

Seamen's Hostel - The new Royal National Mission to Deep Sea Fishermen in Hope Street, Grimsby, was opened in 1967 and was built at a total cost of £186,000. This hostel replaced the Mission's previous premises in Riby Square mentioned above.

The new premises are four storeys in height and include a total of 51 single person bedrooms, each fitted with a wash-hand basin with hot and cold water supplies and furnishings and fittings. Two bathrooms, each with a bath and shower accessory and wash-hand basin, are situated on each floor. There are also three water closets.

Facilities provided include a launderette, residents' lounge, library, writing room, games room first aid room and residents' dining room. In addition to the residents' facilities, a public cafeteria is also provided. There is also a chapel.

Three meals are offered daily, plus snacks at any time for late arrivals. The hostel is open to accommodate fishermen only but in emergency other seafarers are accepted.

The premises are maintained in a good condition.

PART VI—INSPECTION AND SUPERVISION OF FOOD

Mr. A. Manson, Chief Public Health Inspector, is responsible for this section of the report :

Inspection of Food Premises

Bakehouses	13	Confectioners' shops	145
Dairies and milk vendors	45	Fish curers	25
Fish shops	30	Food preparers	151
Food stalls and mobile vehicles	80	Fried fish shops	49
Greengrocers	186	Grocers	486
Ice cream makers and vendors	188	Licensed premises	119
Markets	182	Meat shops and stores	205
Restaurants and cafes	289	Schools and hospital kitchens	57
Sweet shops	178	Unsound food	140
Visits for sampling	168	Other matters	193

Total : 2929

Slaughterhouses - There are no private slaughterhouses in the Borough.

Meat Inspection Service - The following livestock were slaughtered in the Corporation Abattoir during 1972. Comparable figures are given for the year 1971.

	<i>Cattle</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Total</i>
1972	5,364	55	8,566	22,808	36,793
1971	5,166	182	8,497	20,064	33,909

This table shows an increase in "throughput" of 2,884 animals, mainly due to a noticeable increase in pigs and sows. Fewer calves are being slaughtered, being more valuable as potential beef cattle.

The following table shows the number of animals inspected and the number of carcasses, organs or parts condemned as the result of disease or parastic infection :

	Cattle exclud- ing cows	Cows	Calves	Sheep and lambs	Pigs
Number killed	5,159	205	55	8,566	22,808
Number inspected	5,159	205	55	8,566	22,808
All diseases except Tubercu- losis and Cysticeri: Whole carcasses condemned	2	3	1	1	117
Carcasses of which some part or organ was condemned	1,537	95	4	389	10,011
Percentage of the number inspected affected with disease other than tuber- culosis and cysticeri ..	29.83	47.80	9.09	4.55	44.40
Tuberculosis only: Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	—	—	—	—	218
Percentage of the number inspected affected with tuberculosis	—	—	—	—	0.95
Cysticercosis: Carcasses of which some part or organ was condemned	2	—	—	26	—
Carcasses submitted to treat- ment by refrigeration ..	2	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

Localised single degenerate calcified cysts were found in 19 cattle.

All the carcasses and offals of the animals slaughtered were inspected and officially stamped in accordance with the Meat Inspection (Amendment) Regulations, 1966.

Animal Health - The general quality of all livestock slaughtered continued to be of a high standard consisting mainly of young animals, with only a small number of cows and ewes. The incidence of disease therefore on post mortem and requiring total condemnation continued to be comparatively low. As one would expect, a higher percentage of condemnations occurred among casualty animals sent to the Abattoir for emergency slaughter, usually direct from farms and with some history of injury or illness.

As reported last year, tuberculosis continued to be found to a small degree in pigs only but no carcasses were totally condemned for this cause. The lesions of the disease were mainly confined to the mesenteric and submaxillary lymph nodes. No evidence of tuberculosis was found in other animals.

The commonest reasons for condemnation of pig carcasses continued to be pyaemia and multiple abscesses arising in most cases from "tail biting" - 45 carcasses condemned during 1972. This showed a slight decline compared with 1971 and may possibly be due to the fact that docking of pigs tails is now gradually being practised. It was observed however that the number of pigs with injuries to the feet appeared to be increasing and this, as with "tail biting", appears to be connected with the intensive methods of raising and feeding large numbers of pigs on concrete floors. Cuts and wounds of the feet often become septic and gangrenous, resulting in the condemnation of some carcasses or parts of carcasses such as hocks and legs.

Brucellosis - Under the Ministry of Agriculture's incentive scheme for the eradication of Brucellosis, thirty-three cows and heifers which had failed to pass the required tests were sent under licence by the Ministry's Veterinary Officers to the Abattoir for slaughter.

Details of diseases affecting whole carcasses and offals are given in the following table :

	Cattle	Calves	Sheep	Pigs	Sows & Boars
Emaciation	-	-	-	-	14
Extensive injuries, bruising and gangrene	1	-	-	12	3
Fevered	-	-	-	1	-
Johne's Disease	1	-	-	-	-
Jaundice	-	-	-	2	-
Leukaemia	1	-	-	1	1
Oedema - generalised	-	1	-	3	-
Pyæmia and multiple abscesses	-	-	-	41	4
Septic Arthritis, acute	-	-	-	6	1
" Mastitis "	-	-	-	-	1
" Metritis "	1	-	1	-	3
" Pericarditis "	-	-	-	1	-
" Peritonitis "	-	-	-	4	-
" Pleurisy & Pneumonia	-	-	-	11	-
Swine Erysipelas	-	-	-	5	2
Septicaemia	1	-	-	-	-
Tumours	-	-	-	1	-
Totals :	5	1	1	88	29

In addition 7 pigs and 1 sheep were found to be dead on arrival at the Abattoir and were not accepted for dressing.

In many cases condemnation of parts of carcasses was necessary due to localised conditions, such as fractures and other injuries, bruising, arthritis, etc.

Many common diseases involving only the condemnation of certain organs were again in evidence, i.e. pneumonia, pleurisy, pericarditis, peritonitis, actinomycosis and various parasitic conditions, the latter being the main cause of condemnations of livers, e.g. liver fluke infestations among cattle and sheep, although it was observed that bacillary necrosis of cattle livers appeared to be increasing and it is thought that 'barley feeding' may be a contributory factor. In pigs cirrhosis of the liver and 'milk spots' caused by parasites were still very common.

The total weight of meat and offal condemned was 39 tons, 7 cwts, 76 lbs.

Disposal of Unsound Meat - All condemned carcase meat and offal and all inedible waste is collected from the Abattoir in accordance with the Meat (Sterilization) Regulations, 1969, and processed at an approved plant at South Killingholme. The new bulk container method of handling this class of material, which was introduced in 1969, continued to operate satisfactorily. All containers are kept locked from the time they leave the Abattoir until delivered at the processing plant and are conspicuously labelled in accordance with the Regulations.

As in previous years certain condemned livers were sold for animal feeding in accordance with the conditions laid down in the Regulations.

Facilities continued to be given for the collection and freezing of pancreas glands and calf vells for pharmaceutical purposes.

Inspection of other foods resulted in a total weight of 23 tons, 5 cwt's, 1 quarter, 1 stone and 3 lbs. being condemned as unfit for human consumption.

Food Inspection - Issue of Export Certificates - Nine hundred and seventy-three certificates were issued by the Department for frozen foods and dried fish manufactured and/or distributed from factories and cold stores within the Borough. This has necessitated frequent inspections and sampling of foods for bacteriological and chemical analysis.

Milk Supply - All milk sold within the Borough is heat treated before sale to the public at the two local dairies.

Milk (Special Designations) Regulations, 1963, and the Milk (Special Designations) (Amendment) Regulations, 1965

The following table sets out the number of licences in force at the end of the year :

Wholesalers of Milk	...	...	...	...	...	...	2
Dealer's (Pasteuriser's) Licences	...	...	...	...	...	...	2
Dealer's (Steriliser's) Licences	...	...	...	...	...	...	2
Sterilised Milk—Dealer's Licences (mainly retail shops)	...	...	...	...	...	...	205
Pasteurised Milk—Dealer's Licences (mainly retail shops)	...	...	...	...	...	...	44
Ultra Heat Treated Milk—Dealer's Licences...	...	...	...	...	...	...	11

Bacteriological Examinations

Milk - Samples of milk were taken at regular intervals from the processing plants, schools and during the course of delivery to consumers.

Details of the number of samples submitted for the prescribed tests are given in the undermentioned table :

Designation	Number examined	Satisfactory	Failed Methylene Blue Test	Failed Phosphatase Test	Failed Turbidity Test
Pasteurised ..	18	18	—	—	—
Sterilised ..	10	10	—	—	—
Totals ..	28	28	—	—	—

Ice Cream - Samples of ice cream are collected in sterile containers and conveyed to the laboratory in insulated sampling cases. They are then subjected to (1) the Methylene Blue Test to assess their relative hygienic qualities, and (2) bacteriological examination for the presence of micro-organisms which indicate unsatisfactory standards of hygiene in their manufacture or handling.

	No. of samples	Satisfactory	Unsatisfactory	Methylene Blue Grading			
				1	2	3	4
Ice Cream ..	20	14	6	14	—	5	1

Six of these were found to contain non-faecal intestinal organisms thus indicating unsatisfactory hygiene at some stage in the manufacture or handling of this product. In each case the manufacturers were advised on measures to be taken to ensure that satisfactory standards of hygiene are maintained at all times.

Fourteen informal samples of Ice Cream were submitted for chemical examination, all of which conformed to the Food Standards (Ice Cream) Regulations, 1959. The average fat content of these samples was 7.01 per cent compared with the minimum of not less than 5 per cent as laid down in the Regulations.

Fresh Cream - Fourteen samples of fresh cream were submitted for bacteriological examination. Six samples failed the Methylene Blue Test and four were found to contain non-faecal coli. The manufacturers concerned were notified of these results and requested to take adequate measures to ensure that satisfactory standards of hygiene are maintained at all times.

Other Foods - Three hundred and thirty-two samples of other foods were submitted for bacteriological examination. This work is undertaken by the Department of Pathology at the Grimsby General Hospital.

Food Hygiene

Food Hygiene (General) Regulations, 1970

Type of premises	(i)	(ii)	(iii)	(iv)
1. Bakehouses	27	27	27	27
2. Bakers' and Confectioners' shops ..	31	31	31	31
3. Butchers' shops	84	83	84	84
4. Cafes, restaurants, canteens, kitchens. snack bars	124	124	124	124
5. Sweet shops and sweet manufacturers ..	75	74	73	73
6. Fish curers	6	6	6	6
7. Preparation of shell fish	1	1	1	1
8. Wet and Fried Fish shops	72	70	72	71
9. Food manufacturers	12	12	12	12
10. Fruiterers and Greengrocers	49	47	46	46
11. Grocers	242	239	233	220
12. Ice Cream Makers	3	3	3	3
13. Hotels and licensed premises	81	78	75	74
14. Mineral water manufacturers	4	4	4	4
15. Pickle makers	1	1	1	1
Totals	812	800	792	777

- (i) the number of premises.
- (ii) the number of premises fitted to comply with Regulation 18 (i.e. a wash basin with hot and cold water supplies - for hand washing).
- (iii) the number of premises to which Regulation 21 applies.
- (iv) the number of premises fitted to comply with Regulation 21 (i.e. a sink with hot and cold water supplies for the washing of food and equipment).

One hundred and sixty-six informal notices were served in respect of contraventions of the Food Hygiene (General) Regulations, 1970, and the Food Hygiene (Markets, Stalls and Delivery Vehicle) Regulations, 1966.

No legal proceedings were instituted in respect of contraventions of these regulations during the year.

Food and Drugs Act, 1955

Foreign Matter in Food - Ninety-eight complaints were received and investigated alleging the sale of unsound food or the finding of extraneous matter in food, details of which are set out in the Table below.

Each complaint was thoroughly investigated and the majority were justified. In some instances, after investigation, stocks of food were withdrawn from sale.

Legal proceedings were instituted in three cases and warning letters sent where appropriate. Each complainant was subsequently informed by letter of the action taken on their particular complaint.

It is found repeatedly that on investigating complaints of this nature many of the complainants are reluctant to get involved in giving evidence when prosecutions are instituted.

Type of food	Nature of complaint			Total	Legal proceedings instituted
	Foreign matter	Affected by Mould	(a) Unsound (b) Unsatisfactory appearance taste or smell		
Bananas	-	-	(a) 1	1	-
Biscuits	-	-	(b) 2	2	-
Butter	-	1	-	1	-
Bread	2	4	(a) 2	8	1
Canned Fish	-	-	(b) 1	1	-
" Fruit	2	-	-	2	-
" Meat	1	1	(a) 10 (b) 1	13	-
" Soup	-	-	(b) 2	2	-
" Vegetables	-	-	(a) 1 (b) 1	2	-
Cheese, savoury (tinned)	-	-	(b) 1	1	-
Cooked Meals	1	-	(a) 1 (b) 1	3	-

Type of food	Nature of complaint				Legal proceedings instituted
	Foreign matter	Affected by Mould	(a) Unsound (b) Unsatisfactory appearance taste or smell		
Cooked Meats	-	-	(a) 2	2	-
Confectionery	3	4	(b) 1	8	-
Crabs, fresh	-	-	(a) 1	1	-
Cream, double fresh	-	-	(b) 1	1	-
Crumpets	1	1	-	2	-
Fish Fingers	-	-	(a) 1 (b) 1	2	-
Fruit, fresh	1	-	-	1	-
" Pies	-	1	(b) 1	2	-
Jams	3	-	-	3	-
Lard	1	-	-	1	-
Margarine, soft	1	-	-	1	-
Meat, fresh	-	-	(a) 3	3	-
Meat Pies, Pasties and Paste	2	2	(a) 1	5	2
Milk	3	-	(a) 1	4	-
Ostermilk	-	-	(b) 1	1	-
Orange Juice	1	-	-	1	-
Pork Dripping	-	1	-	1	-
Potatoes	-	-	(a) 1	1	-
Potato Crisps	1	-	-	1	-
Potted Meat	-	-	(a) 1	1	-
Poultry	-	-	(a) 6	6	-
Prawns	-	-	(a) 1 (b) 1	2	-
Sauces	-	-	(a) 1	1	-
Sausages	1	1	(a) 1	3	-
Sweets & Chocolate	-	1	(a) 1 (b) 1	3	-
Semolina	1	-	-	1	-
Shortcrust Pastry	-	1	-	1	-
Tonic Water	1	-	-	1	-
Vegetables, fresh	-	-	(a) 2	2	-
	26	18	54	98	3

Legal Proceedings. Food and Drugs Act, 1955

Offence	Court decision	Fine	Costs
Sale of a mouldy loaf of bread	Guilty	£50	Nil
Sale of an unsound steak pie	"	£15	"
Sale of a mouldy fruit pie	"	£20	"
	Total :	£85	-

Food and Drugs Samples - The number of samples submitted for analysis was 211, as set out in the Table below, of which 3 or 1.04% were found to be unsatisfactory.

	Number Examined		Number Examined		Total
	Informal	Number Adulterated	Formal	Number Adulterated	
Apple Pie	1	-	-	-	1
Apple & Blackberry Pie	1	-	-	-	1
Bartlett Pears	1	-	-	-	1
Beer	4	-	-	-	4
Beef Loaf	1	-	-	-	1
Beefburgers	8	-	-	-	8
Brussels Sprouts	3	-	-	-	3
Butter	3	1	-	-	3
Cheese	2	-	-	-	2
Cheese Cake	1	-	-	-	1
Cheese Sauce Mix	1	-	-	-	1
Chocolate Sandwich Cake	1	-	-	-	1
Cod Fillets	1	-	-	-	1
Cod portions in butter sauce	3	-	-	-	3
Cod portions in batter	5	-	-	-	5
Cod portions in cheese sauce	1	-	-	-	1
Cod Steaks	3	-	-	-	3
Coffee Mate	1	-	-	-	1
Cornish Pasties (uncooked)	2	-	-	-	2
Cranberry Sauce	1	-	-	-	1
Cream, single	1	-	-	-	1
" double	7	-	-	-	7
" caramel	1	-	-	-	1

Creamed Rice	2	-	-	-	2
" Coconut	1	-	-	-	1
Currants	1	-	-	-	1
Custard	1	-	-	-	1
Dairy Cream Sponge Cake	1	-	-	-	1
Dairy Cream Trifle	3	-	-	-	3
Eggs, Fresh Farm	1	-	-	-	1
Fillets Steak	2	-	-	-	2
Fish Bake Borderlaise	1	-	-	-	1
Fish Cakes	25	1	-	-	25
" Fingers	12	-	-	-	12
Frying Steak	1	-	-	-	1
Goldenbergers	1	-	-	-	1
Garden Peas	3	-	-	-	3
Haddock Fillets	2	-	-	-	2
" Portions	1	-	-	-	1
" Smoked	1	-	-	-	1
Ice Cream	14	-	-	-	14
" " Cornish Dairy	1	-	-	-	1
Ice Pops	1	-	-	-	1
Instant Mashed Potato	1	-	-	-	1
" Peas	1	-	-	-	1
" Fruit Tea	1	-	-	-	1
Irish Stew	1	-	-	-	1
Jam, Raspberry	1	-	-	-	1
" Blackcurrant	1	-	-	-	1
Low Calorie Slimcea	1	-	-	-	1
Mashed potatoes with Vitamin C	1	-	-	-	1
Margarine	2	-	-	-	2
Marmalade Chunky	1	-	-	-	1
Mixed Vegetables	3	-	-	-	3
Milk	12	-	5	-	17
Mince Pies	1	-	-	-	1
Mushrooms in Brine	1	-	-	-	1
Onion Sauce Mix	1	-	-	-	1
Oxtail Soup	1	-	-	-	1
Petit Pois	2	-	-	-	2
Plaice Fillets	4	-	-	-	4
Pork Pies	3	-	-	-	3
Pork Tropicana	1	-	-	-	1

Ravioli	1	-	-	-	1
Ready Fresh Dough	1	-	-	-	1
Salad Cream	1	-	-	-	1
Steak & Onion Pie (uncooked)	1	-	-	-	1
Steak Pie	1	-	-	-	1
Sausages, pork	3	-	-	-	3
" pork, smoked	1	-	-	-	1
Sausage Rolls (uncooked)	1	-	-	-	1
Salted Peanuts	1	-	-	-	1
Savoury Fish Fiesta	1	-	-	-	1
" Rice Fiesta	1	-	-	-	1
" Pancakes	1	-	-	-	1
Sauerkraut	1	-	-	-	1
Scotch Eggs	1	-	-	-	1
Soda Water	1	-	-	-	1
Shandy (Beer & Lemonade)	1	-	-	-	1
Slimcea White Bread	1	-	-	-	1
Strawberries	1	-	-	-	1
Sweet Corn	3	-	-	-	3
Tomato Juice	1	-	-	-	1
Treacle Toffee	1	-	-	-	1
Yorkshire Pudding Mix	1	-	-	-	1
Vegetables with Chicken Broth	1	-	-	-	1
Angiers Baby Pain Relief	1	-	-	-	1
Aspirin B.P.	1	-	-	-	1
Blackcurrant and Rose Hip Syrup	1	-	-	-	1
Bronchial Mixture	1	-	-	-	1
Buttercup Syrup	1	-	-	-	1
Inform Tablets	1	-	-	-	1
Lixia Fast Cold Relief	1	-	-	-	1
Powerin Tablets	1	-	-	-	1
Phyllosan Tablets	1	-	-	-	1
Nut Milk Choc. Diet Bar	1	1	-	-	1
Totals :	206	3	5	-	211

Milk Samples - Seventeen samples of milk were analysed during the year; of these five were taken as formal samples.

The following table shows the average composition of the samples examined during each quarter, and the yearly average

	No. of samples	Fat %	Solids non-fat %
1st Quarter, 1972	7	3.83	8.68
2nd Quarter, 1972	-	-	-
3rd Quarter, 1972	5	3.88	8.91
4th Quarter, 1972	5	3.81	8.75
For the year 1972	17	3.84	8.78
For the year 1971	20	3.78	8.79
Requirements of the Sale of Milk Regulations, 1939		3.00	8.50

Unsatisfactory Samples of Food and Drugs

First Quarter

(a) *Pure Irish Butter*

This sample contained 16.2 per cent of water instead of not more than 16 per cent required by the Butter Regulations, 1966, and thus contained a slight excess of water.

A "follow up" sample proved to be satisfactory.

Second Quarter

(b) *Fish Cakes*

This sample contained only 28.5 per cent of fish instead of not less than 35 per cent required by the Food Standards (Fish Cakes) Order, 1950, and was thus deficient in fish to the amount of 10.8 per cent.

It was not possible to take a repeat sample as the manufacturer concerned decided to cease preparation of this food.

Third Quarter

(c) *Nut Milk Chocolate
Diet Bar*

This sample had a Calorific Value of approximately 390 kilocalories per bar and contained 0.20 mgms. of Vitamin B per ounce. It conformed to the statement on the label as to Caloric value and Vitamin B content.

The Vitamin C content was 3.4 mgms. per ounce whereas the amount stated on the label was 7 mgms. per ounce. The sample was therefore deficient in Vitamin C by approximately 50 per cent.

This matter has been drawn to the attention of the manufacturers for investigation. Further samples are to be obtained.

Pesticide Residues - One tin of Vegetables in Chicken Broth, a tin of Creamed Rice Pudding and a Bread Loaf were submitted to the Public Analyst to check whether or not pesticide residues were present. Each sample was reported as containing "no significant amounts of pesticide residues".

Poultry Inspection - There are no poultry processing premises within the Borough.

Fertilisers and Feeding Stuffs Act, 1926 - Fifteen formal samples of fertilisers and feeding stuffs were submitted for chemical analysis. These included 9 fertilisers and 6 feeding stuffs.

Of these two samples did not conform to the Statutory Statements accompanying the product. Details are set out as follows :

Fertiliser

(a) *John Innes
Base Manure*

Having regard to the Fertilisers and Feeding Stuffs Regulations, 1968, the sample contained an excess of Insoluble P_2O_5 and a very slight excess of Soluble P_2O_5 .

When this matter was brought to the attention of the manufacturers it was stated that when Superphosphate is mixed with other ingredients a reversion takes place and a small portion of the Phosphoric Acid is changed to an insoluble form. As this reversion is not uniform there is no means of knowing what percentage will become insoluble. Consequently an amount of 0.5% P_2O_5 is declared as this is found to be the usual reversion amount. In this instance it would appear that reversion exceeded this amount. Further samples will be taken.

Feeding Stuffs

(b) *Calf Cudlets*

Having regard to the Fertilisers and Feeding Stuffs Regulations, 1968, the composition of this sample differed by more than the Prescribed Limits of Variation from the particulars given in the Statutory Statement in that it contained 4.32 per cent of Oil instead of 3.25 per cent in the Statutory Statement.

The sample thus contained an excess of Oil of 1.07 per cent or 32.9 per cent of the amount guaranteed.

Three samples taken from the original sack gave three different results varying from 3.9 to 4.32 per cent of Oil. The manufacturers are to alter their statutory statement accordingly.

PART VII—ADDITIONAL INFORMATION
NATIONAL ASSISTANCE ACTS : INCIDENCE OF BLINDNESS

Forms B.D.8 were received in respect of 19 persons during the year, and as a result of examinations carried out by the ophthalmic surgeons, 15 were certified as blind and 4 as partially-sighted. No cases of retrolental fibroplasia were reported.

The total number of blind persons in the Borough on the 31st December was 155 (66 males and 89 females). The number of partially-sighted persons was 77 (27 males and 50 females).

Follow-up of Registered Blind and Partially-Sighted persons

	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
(i) Number of cases registered during the year in respect of which Form B.D.8 recommends:—				
(a) No treatment	-	-	-	3
(b) Treatment (medical surgical or optical) ..	4	2	-	10
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	1	2	-	6

PERSONS IN NEED OF CARE AND ATTENTION

It was necessary during the year to take action under Section 47 of the National Assistance Act, 1948 (as amended) to remove two females, aged 79 and 67 years, to Part III and chronic sick accommodation respectively.

EPILEPTICS AND CEREBRAL PALSY

From such information as is available the incidence of epilepsy and cerebral palsy in Grimsby is as follows:

Epileptics

				<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total Number</i>
At ordinary school	Males			—	15	—	15
	Females			—	18	—	18
At special school	Males			—	3	—	3
	Females			—	3	—	3
At training centre	Males			1	—	1	2
	Females			1	4	2	7
*In employment	Males			—	—	24	24
	Females			—	—	1	1
At home	Males			3	—	15	18
	Females			—	—	5	5
TOTALS				5	43	48	96

Cerebral Palsy

				<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total Number</i>
At ordinary school	Males			—	3	—	3
	Females			—	10	—	10
At special school	Males			—	5	—	5
	Females			—	4	—	4
At training centre	Males			—	6	2	8
	Females			—	1	—	1
•In employment	Males			—	—	4	4
	Females			—	—	2	2
At home	Males			4	—	—	4
	Females			2	—	—	2
TOTALS,				6	29	8	43

* Per Disablement Resettlement Officer.

MEDICAL EXAMINATIONS

Medical examinations for superannuation purposes were carried out on 242 employees during the year, 229 by medical staff of the department and 13 by requests to other local authorities. Of these, only two were deferred for a probationary period.

Seven employees for retirement on medical grounds were referred to the Medical Officer of Health in his capacity as Medical Referee to the Corporation, who in addition investigated and made special reports on 23 employees who had been absent from duty for a period of three months and over.

Examinations for entry into the teaching profession numbered 27, 9 of these by requests to other authorities. Each candidate received x-ray examination of the chest before appointment and all were found to be fit for entry into the profession. One hundred and four candidates for admission to training colleges were also examined by the medical staff, in addition to undergoing an x-ray examination of the chest.

The number of persons examined for employment in the School Meals Service and the College of Technology Refectory of the Local Education Authority was 177. This examination, which includes tests for carrier conditions, is a valuable protection against the risk of food poisoning and fully justifies the time and trouble taken. None of the candidates were found to be unfit for such employment.

Three firemen were also examined by the medical staff in accordance with the provisions of the Fire Services (Appointment and Promotions) Regulations, 1950. A further 14 operational firemen were re-examined in accordance with the medical standards given in the Home Office Circulars Nos. 41/1970 and 55/1971, one being found to be unfit for operational duties.

The above represents a total of 574 medical examinations during the year, 552 of which were performed by medical staff of the department, compared with 478 and 447 respectively in 1971.

As recommended in Ministry of Health Circular 18/67 - Protection of Children from Tuberculosis - 30 employees of the local authority whose work brings them into contact with young children were referred for x-ray examination of the chest.

In accordance with Regulation 22 (2) of the Motor Vehicles (Driving Licences) Regulations, 1970, the Medical Officer of Health reported on 31 persons suffering from epilepsy.

BLOOD DONORS

The Sheffield Regional Transfusion Team is offered the use of the local authority's clinics to hold taking sessions, the Health Clinic in Milton Road being placed at their disposal on two occasions during the year.

LABORATORY FACILITIES

A total of 815 specimens was submitted by the health department for examination in the pathological laboratory at the Grimsby General Hospital, compared with 369 in 1971.

GRIMSBY CREMATORIUM

The Medical Officer of Health and his Deputy act as Medical Referee and Deputy Medical Referee respectively to the Grimsby Crematorium.

The number of cremations which have taken place in the past five years is as follows :

Year	Grimsby residents	Residents from other areas	Total
1968	665	933	1,598
1969	733	800	1,533
1970	817	901	1,718
1971	761	814	1,575
1972	839	974	1,813

PART VIII

SCHOOL HEALTH SERVICE

SCHOOL HEALTH SERVICE

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR 1972

To the Chairman and Members of the Education Committee.

The health of the Grimsby school population continues at a most satisfactory level. Nutrition remains good, infectious diseases at a low level, and immunisation was maintained at a high percentage.

Veruccae among swimmers is still a stubborn problem but by intensive care the number of cases has fallen. In contrast lice infestation of hair has emerged during the year in sometimes alarming numbers. This is accounted for by the long hair styles and resistance to D.D.T. preparations.

After reading Mr. Sime's report, there is little I can add other than that modern society does seem to produce more emotional problems.

It is a great joy to report that at last Grimsby has a full time Speech Therapist, and Miss Hall is to be congratulated in the capable way in which she has tackled a large number of neglected cases in such a short time.

Physical Education has continued to develop and it is gratifying to note the wide variety of games and activities available for all age groups.

The School Dental Service is making noble efforts, despite the chronic shortage of dentists. Fluoridation is still denied to the population but only by five votes!

The Combined Clinic run by the local authority under the capable leadership of the Consultant Paediatrician is now an established success and has recently attracted attention from the Department of Education and Science as a possible blue print for the new health service.

I am grateful to the Education Committee for their keen interest in health matters, and also to the Director and his staff, with whom relations have never been better. The unstinting help from Head Teachers and their staffs makes greatly for the smooth running of the Service.

HEALTH DEPARTMENT,
QUEEN STREET,
GRIMSBY.
April 1973

R. GLENN,
Medical Officer of Health

GRIMSBY COUNTY BOROUGH EDUCATION COMMITTEE

The Worshipful the Mayor— Councillor Mrs. F.E. Franklin, J.P.

Chairman— Alderman J. H. Franklin, O.B.E.

Vice-Chairman— Councillor Mrs. M.E. Darley

Director of Education— W.P. Knight, B.Sc., M.Ed.

STAFF OF SCHOOL HEALTH SERVICE

Medical Officer of Health and Principal School Medical Officer—

ROBERT GLENN, M.B., B.Ch., B.A.O., D.P.H., F.R.S.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer—

ROBERT G. HAUGHIE, M.B., Ch.B., D.P.H.

School Medical Officer—

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

JACK BUCKINGHAM, M.B., Ch.B., D.P.H.

MAIRE M. WARD, M.C., B.A.O., B.Ch.

Principal Dental Officer—

GEOFFREY S. WATSON, B.D.S., L.D.S.

Senior Dental Officer—

PAUL W. GENNEY, B.D.S.

Dental Officers—

JENNIFER AYERS*, L.D.S.

DAVID U.E. MILLER*, LD.S., R.C.S., (Eng.)

ANN TEMPLETON*, B.D.S. (res: 12.10.72)

Medical Anaesthetist—

F.M. MacDONAGH*, M.R.C.S., L.R.C.P.

Director of Nursing Services

MRS. I. HALDANE

Health Visitor/School Nurses—

MISS J. BELL, MRS. J. BARKER, MRS. J. CRESSWELL, MRS. M. DAWSON,

MRS. M. HIGSON, MRS. M. JOHNSON, MRS. M. KOZLOWSKI,

MISS V. PAYNE (res: 31.7.72), MRS. I. STOREY (ret: 31.1.72).

School Nurses—

MRS. L. BELL (res: Oct: '72), MRS. M. COLEMAN, MRS. L. HALLAM,

MRS. M. RIGGALL, MISS H. SCARLETT, MRS. O. TAYLOR*,

MRS. M. WALMSLEY*, MRS. Y. DALE* (from 12.9.72)

Clinic Nurses—

MRS. S. GARROD, MRS. J. RATHIE (res: 31.12.72),

MISS P. ARDEN (from 4.12.72).

Dental Attendants—

MISS M. BUMPSTEAD (From 17.4.72), MISS I. CHASE, MISS M. CUTTING,

MRS. M. FINNIE, MRS. S. MASON (res: 30.3.72)

Clerical Staff—

MISS A. ROBERTS (Senior), MISS J. BINNINGTON, MRS. M. DRINKELL*,

MRS. J. OATEN*, MRS. M. AYLOTT (Dental)

GENERAL INFORMATION

Home population at all ages (estimated at 30th June)	95150
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Estimated child population (30th June 1972)	
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Under 1 year	1580
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1 to 4 years inclusive	6520
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5 to 14 years inclusive	17300
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Total under 15 years	25400
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PRIMARY SCHOOLS

Number on Rolls

Number of Schools	42	11594
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SECONDARY SCHOOLS

Number of Schools	10	7854
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SPECIAL SCHOOLS

Carnforth Day Special	141
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Sutcliffe School	53
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NURSERY SCHOOLS

Number of Schools	2	117
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Total number of pupils on rolls (January 1973)	19759
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**PART 1—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (Including Nursery and Special Schools)**
TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examina- tion	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examina- tion (See Note 1 above)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satis- factory	Unsatis- factory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.		(6)	(7)	(8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1968 and later	179	179	—	—	1	6	7
1967	853	852	1	—	41	97	110
1966	750	750	—	—	23	84	97
1965	239	239	—	—	6	27	28
1964	30	30	—	—	2	3	4
1963	44	44	—	—	—	5	4
1962	127	127	—	—	4	5	9
1961	1614	1614	—	—	73	103	163
1960	728	728	—	—	38	47	76
1959	31	31	—	—	2	4	6
1958	50	50	—	—	1	3	4
1957 and earlier	1248	1246	2	—	40	67	105
TOTAL	5896	5893	3	—	231	451	613

Col. (3) total as a percentage of Col (2) total 99.94%

Col. (4) total as a percentage of Col. (2) total 0.06%

TABLE B.—OTHER INSPECTIONS

NOTES: A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	..	..	..	..	..	..	223
Number of Re-inspections	..	..	..	..	..	..	56
Total	..	..	..	..	..	..	279

TABLE C.—INFESTATION WITH VERMIN

NOTES: All cases of infestation, however slight, should be included in Table C. The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons .. 41773
- (b) Total number of individual pupils found to be infested .. 2387
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) .. 164
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)) .. 243

**PART II —TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS**

(Including Nursery and Special Schools)

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	12
Errors of refraction (including squint)	232
Total	244
Number of pupils for whom spectacles were prescribed	124

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	49
(b) for adenoids and chronic tonsilitis	88
(c) for other nose and throat conditions	20
Received other forms of treatment	4
Total	161
Total number of pupils still on the register of schools at 31st December, 1972, known to have been provided with hearing aids:	
(a) during the calendar year 1972 (see note below) ..	10
(b) in previous years	10

A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	57
(b) Pupils treated at school for postural defects ..	—
Total	57

TABLE D.—DISEASES OF THE SKIN

(excluding uncleanness, for which see Table C of Part I)

	Number of pupils known to have been treated
Ringworm—(a) Scalp	—
(b) Body	62
Scabies	16
Impetigo	37
Other skin diseases	115
Total	

TABLE E.—CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics	805

TABLE F.—SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists	308

TABLE G.—OTHER TREATMENT GIVEN

	Number known to have been treated
(a) Pupils with minor ailments	2232
(b) Pupils who received convalescent treatment under School Health Service arrangements	1554
(c) Pupils who received B.C.G. vaccination	18
(d) Other than (a), (b) and (c) above. Please specify:	10
1. Respiratory System	118
2. Cardio-Vascular System	31
3. Alimentary System	20
4. Central Nervous System	59
5. Genito-Urinary System	
6. Other conditions not specified	
Total (a)—(d) ..	4042

SCHOOL DENTAL SERVICE

INSPECTIONS

	Number of Pupils		
	Inspected	Requiring treatment	Offered treatment
(a) First inspection—school	2339	3177	3177
(b) First inspection—clinic	2588		
(c) Re-inspection—school or clinic	325	325	325
TOTALS	5252	3502	3502

VISITS (for treatment only)

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit in the calendar year	1498	1389	375	3262
Subsequent visits	626	2026	686	3338
Total visits	2124	3415	1061	6600

COURSES OF TREATMENT

Additional courses commenced	102	94	37	233
Total courses commenced	1600	1483	412	3495
Courses completed	—	—	—	—

TREATMENT

Fillings in permanent teeth	341	2589	1441	4371
Fillings in deciduous teeth	449	48	—	497
Permanent teeth filled	309	2157	1152	3618
Deciduous teeth filled	373	45	—	418
Permanent teeth extracted	242	1102	246	1590
Deciduous teeth extracted	3052	815	—	3867
Number of general anaesthetics	1225	752	118	2095
Number of emergencies	919	458	70	1447
Number of pupils x-rayed	...	...	...	138
Prophylaxis	...	...	...	423
Teeth otherwise conserved	...	...	...	99
Teeth root filled	...	...	...	45
Inlays	...	...	...	2
Crowns	...	...	...	48

ORTHODONTICS

New cases commenced during the year	...	...	...	26
Cases completed during the year	...	...	...	50
Cases discontinued during the year	...	...	...	3
Number of removable appliances fitted	...	...	...	54
Number of fixed appliances fitted	...	...	...	2
Number of pupils referred to Hospital Consultants	...	...	...	5

DENTURES

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
Number of pupils fitted with dentures for the first time:				
(a) with full denture	—	1	—	1
(b) with other dentures	2	28	13	43
TOTAL	2	29	13	44
Number of dentures supplied (first or subsequent time)	3	39	19	61

ANAESTHETICS

Number of general anaesthetics administered by Dental Officers	60
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SESSIONS

	Adminis- trative Sessions	Number of clinical sessions worked in the year					Total Ses- sions
		School Service			M. & C.W. Service		
		Inspection at School	Treat- ment.	Dental Health Educa- tion	Treat- ment	Dental Health Educa- tion	
Dental Officers (incl. P.S.D.O.)	36	10	1029	—	54	—	1229
Dental Auxiliaries	—	—	—	—	—	—	—
Dental Hygienists	—	—	—	—	—	—	—
Total	36	10	1029	—	54	—	1229

DENTAL HEALTH EDUCATION

Distribution of Literature, Leaflets and Posters to Schools and display of posters in Clinics

In addition the authority agreed to a visit of 'Pierre the Clown' in October

MEDICAL INSPECTIONS

General condition of pupils inspected - The routine medical inspection of school children continues to be one of the most important aspects of the work of the School Health Service, and pupils are examined at least three times during their school life - first as a school entrant, then at the age of 10 - 11 years and finally as a school leaver.

On examination children are divided into two categories - (satisfactory or unsatisfactory) according to their physique, height-weight ratio and present state of health. Of the 5896 children medically examined, 3 (0.06) were classified as unsatisfactory.

The number of pupils paying for school dinners this year was 9558 and 1885 were receiving them free. The daily number of children taking school milk was 4069.

School Clinics - There are two school clinics - one in Milton Road which is open all day from 8.40 a.m. to 5.30 p.m. and the other at 34 Dudley Street which is open during mornings only. Minor ailments sessions are held each morning, and new cases seen by the clinic nurses were 1732 (1744 the previous year), with a total of 8809 attendances.

Special sessions were held as follows : Ophthalmic - weekly; Cardiac - monthly or by arrangement.

In addition, the School Medical Officers carry out the examination of candidates for admission to Training Colleges and entrants to the teaching profession.

Uncleanliness - The following gives the details of cleanliness inspections with a comparison shown in brackets for the previous year :

Total inspections	41773	(37422)
Number of individual pupils found to be infested	2387	(1311)
Number of pupils found to be unclean at the time of routine medical inspection	20	(26)

Facilities are available at both school clinics for children who repeatedly attend school in a verminous condition to be treated

by a trained nurse. Head lotion and special shampoos are freely available from both school clinics where a clinic nurse is in daily attendance.

Diseases of the skin - Many children with skin conditions are referred directly from schools and other sources to minor ailments sessions for treatment as well as those cases discovered at routine or special medical inspections.

The incidence per one thousand inspections of all skin diseases found at routine medical inspections during the last five years is as follows :

	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>
All skin diseases	5.6	6.5	4.1	3.0	3.7
Scabies	0.2	0.3	0.2	0.1	0.3

The following shows the number of cases of contagious skin diseases seen by the medical officer and treated at the clinics during the same period :

	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>
Scabies	59	40	29	30	62
Impetigo	33	18	5	14	16

Plantar Warts - The number of children attending the School Clinic for treatment of this complaint was 881. The routine treatment with Chlorosal proved satisfactory in all cases.

Defects of vision - Routine vision testing is carried out by school nurses on school entrants and is repeated at ages 8 years, 11 years and finally as school leavers. The last test combines colour vision screening by the Ishihara method.

One hundred and ninety six children (132 new cases) were referred to the special Ophthalmic Clinic and glasses were prescribed for 124. Attendances were 320 and no new case of eye disease was referred from the school clinic during the year.

Diseases of Ear, Nose and Throat :

(a) Audiometry - Routine audiometric testing continued to be carried out at school on 870 children in the eight year old group, and of these 13 were referred to the special audiology session at the School Clinic.

The total number of cases seen at the audiology sessions was 131 with 25 being referred to the E.N.T. Specialist on account of deafness.

(b) Nose and Throat Defects - The number of cases found to require treatment at routine and special inspections was 40 which were classified as follows :

Chronic tonsillitis	15
Adenoids only	6
Chronic tonsillitis and adenoids	5
Other conditions	14

Heart Diseases and Rheumatism - Ten consultative clinics were held at the school clinic with 73 children (15 new cases) making a total of 76 attendances.

HANDICAPPED PUPILS AND SPECIAL SCHOOLS REGULATIONS, 1959

(As at end of January 1973)

Categories of Handicapped Pupils	Number at ordinary school	Number at special school	Number not at school
Blind	—	3	—
Partially sighted	—	—	—
Deaf	1	11	—
Partial hearing	—	4	—
Educationally sub-normal ..	42	174	—
Epileptic.	33	6	—
Maladjusted	3	10	—
Physically handicapped ..	1	8	—
Speech defect	—	1	—
Delicate	—	2	—

Infectious Diseases - The incidence of notifiable disease in children aged 5 to 15 years was as follows :

Scarlet Fever 63 (74); Measles 17 (76);
 Chickenpox 229 (112); Dysentery 3 (-);
 Infective jaundice 3 (1); Tuberculosis 1 (3).

B.C.G. Vaccination - Routine vaccination was offered to pupils over the age of twelve years and the number to receive B.C.G. Vaccination was 1554 as compared with 1867 the previous year. Children with positive skin test reactions are given an opportunity for x-ray examination at the Chest Clinic.

Tuberculin Survey in Schools - This work is carried out where indicated to exclude the possibility of infection among school children but fortunately this year there was no need to carry out a tuberculin survey in any school.

Diphtheria immunisation - Special diphtheria immunisation sessions were conducted at school premises in conjunction with medical inspections, and of the following details 243 primary and 2322 maintenance injections were carried out in schools.

<i>Primary Immunisation</i>		<i>Reinforcing injections</i>	
Under 5 years	1872	Under 5 years	37
5 to 15 years	278	5 to 15 years	2719
	<hr/> 2150		<hr/> 2756

The total primary immunisations for the previous year was 1698 and reinforcing injections numbered 2615.

Poliomyelitis vaccination - The number of children to receive the complete course of ORAL vaccine was as follows :

Under 5 years	1866
5 to 15 years	<hr/> 282
	<hr/> 2148
Reinforcing doses	2760

The total primary immunisations for the previous year was 1547

Measles vaccination - The number of children immunised against measles was 317 (619 in 1971), and of these 17 were of school age. There is still a lack of enthusiasm among parents to this form of immunisation.

Rubella vaccination - The response to this immunisation continues to be very good indeed and a programme is carried out each year on girls aged 11/12 years. The number of girls to receive this protection was 700 as compared with 1967 the previous year.

Health Education - The health visitors together with other members of staff, have co-operated very well to give the priority required to this aspect of their duties. Even so the staffing situation has undoubtedly influenced the extent of the programmes undertaken and these have therefore been confined to a few talks instead of to the planned weekly sessions for one, and sometimes two terms, as in previous years.

The girls of the senior schools continue to ask for the greatest amount of assistance with particular projects, although a junior school sought help with 'suitable' literature for pupils following a series of television programmes.

Health education appears to be widening in scope and to be included in the Careers Programmes, particularly since the extension of the school leaving age. There is very good liaison between the department and the schools and it would appear that the showing of a film and provision of a specialist speaker for a particular topic is sufficient.

Programmes for senior girls to visit the child health centres were also arranged, and full use has been made of other educational media, including films (both strip and sound).

Topics covered have included venereal disease, smoking and health, mothercraft, ante-natal care, the family unit, prophylaxis and immunisation, personal hygiene, home safety and first-aid, and the National Health Service.

Employment Certificates - During the year certificates were issued to 214 school children who were engaged in particular employment after school hours.

Provision of Clothing - Clothing was supplied to 987 children at a cost of £9,370.

DENTAL SERVICE

*(Report by Mr. Geoffrey S. Watson, B.D.S., L.D.S.
Principal School Dental Officer)*

The year 1972 began well in this service but illness again struck one of the two full-time dental officers, resulting in an absence of some four months. The year's work programme was further aggravated by the resignation of one part-time dental officer, whose services were equivalent to one full-time officer.

The importance of oral hygiene and regular dental care was brought to the notice of some 3000 junior school children by the visit of Mr. Picton, through the offices of the Apple Growers' Association.

It is regretted that again this year no progress was made by Grimsby Corporation in the fluoridation of the water supply.

Further surgery equipment was replaced, together with structural improvements in the dental clinic.

My thanks are again due to my colleagues and staff for their support, and to the Education and Health Departments.

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CHILD GUIDANCE SERVICE

*(Report by Mr. James T. Sime, M.A., Dip. Ed., Teach Cert (Scot), M.Ed. Hons, A.B. Ps.S.
(Senior Educational Psychologist)*

The Grimsby Child Guidance Service is housed in a friendly detached house. For twenty five years it has welcomed worried parents and puzzled teachers seeking answers to their children's problems. They may come quite informally by calling us on the telephone or knocking on the door. Much work is carried out in the schools at the request of Headmasters. After twenty five years the service has become an accepted part of Grimsby life and an integral part of the Educational provision of the Borough.

The service is healthier now than it has ever been, the staff are keen and keep abreast with the latest developments in both the Psychological and the Educational world. My research into reading difficulties unfortunately had to be abandoned earlier this year when the Remedial Service was disbanded but there has been interest by both the B.B.C. and Radio Humberside in our work. Although we are healthy and prospering we are likely to die in the reshuffle which will inevitably take place when we become part of the County of Humberside. Already we have been approached by the Hospital Secretary regarding our future role in the Health Service. If we go into the Hospital we die, not suddenly, but by a gradual withering like a plant which has been separated from the greatest part of its roots. Our roots lie within the Educational Service. We have a unique service in Grimsby. If we are to die, let it not be by default because we are too small to be noticed during so many larger, important reshuffles which have to take place.

If you are a parent and really care for children, if you are a humanitarian and really care about people, you will look beyond questions of administrative convenience, and you will look at what really goes on at No. 10 Heneage Road. When you have really looked you will ask yourself is this something worth preserving, is it perhaps even a blueprint for services in other parts of the County ?

I wonder how many people really know what a psychologist is ? We can only tell by what we see him do. Unfortunately superficial views may be misleading as in the case of my small son who at the age of three watched me come and go in my car. When asked by a little friend what his father did he answered correctly that I was a psychologist. "What's that", came the puzzled reply. "Well", said James, remembering all the driving off in my car and with only a little exaggeration, "he drives a big, big lorry". An Educational Psychologist is first and foremost a teacher who has not only qualified as a teacher but has taught normal children in normal classes. He is not a tester; such a view is as incorrect as that of my son. He is qualified in psychology, the study of human behaviour. His work consists of dealing with all the many problems which ordinary parents of ordinary children come up against at some time during the difficult task of being a parent. Because we are teachers we have a foot in both the world of Psychology and the Classroom. It is not my aim to bore you with a list of all the tasks we undertake but if you are interested you can read the summary of Child Guidance Work at the end of this report, which is not what one might find in any other Child Guidance service but which is an exposition of what we do here. Our emphasis is on prevention where possible and in intensive work with the families of children with problems. If a child is to grow up normally within our educational system his family environment must be the best possible. The best possible environment does not always coincide with good social status, and we find problems in professional homes just as we do in homes which, to quote Dylan Thomas, have nothing growing in the garden, "only washing. And babies".

If we are to die or be dissected, let it be after a real look at what we do :

"The worst sin against our fellow creatures
is not to hate them, but to be
indifferent towards them, that's the essence
of inhumanity".

G. B. Shaw
(The Devil's Disciple)

The National Health Service Re-organisation

The National Health Service is being re-organised. Naturally this will mean changes for those Child Guidance Services which are employed by the Medical Officer of Health or the School Medical Officer. The Grimsby Child Guidance Centre is not, nor has it ever been, part of the Health Service. Since its creation in 1948 it has been an integral part of the Educational Provision of the Borough. It is in essence a School Psychological Service, but one which is not content with the superficial job of testing children and leaving it at that.

Grimsby Child Guidance Service

We see it as our job to continue the work which has gone on for nearly a quarter of a century, not only of measuring children's abilities but of answering more fundamental questions of why it is that some children fail educationally although possessed of good, or even superior, intelligence. In doing this we investigate every aspect of the child's life in our search for answers. We regard behaviour problems in schools also as the kind of difficulty which we as psychologist/teachers can best deal. We regard emotional problems which appear within schools as an area which non-teachers might fail to solve because of a lack of expertise in the educational field. Education needs a School Psychological Service, manned by people who are teacher-trained in addition to their qualifications in psychology, and Education needs a service which is as comprehensive as the one which the Grimsby authorities set up over two score years ago, within the Borough.

Let me give you a real example : A boy whom we shall call Tommy was failing in his school work. The Head Teacher called us in and suggested that possibly Tommy, who was nine years of age was educationally subnormal and in need of special educational treatment in a day special school. This seemed likely since Tommy could not read, he was generally dreamy, accident prone, had poor co-ordination, reversed his letters, and generally appeared poorly motivated. We tested him and found that indeed he could not read but his intelligence came out at I.Q.109. This means that he was not only not back-

ward but that he was of good-average ability. One cannot leave it at that or wrongly put such a boy in a special school without considering that there might be an underlying home handling problem causing the lack of reading. We asked the boy to draw us a man. What he produced was the sort of drawing which one would get from a child who was either much younger or who was mentally backward. As a result of our investigations in Grimsby we have come to realise that such a child who could be labelled "dyslexic" can in fact be helped by altering home handling. We discussed the matter with the mother and advised her in some detail on handling. As a result the boy's perceptual maturity and his ability to see the details of words, increased to the point that he started to read without great difficulty. His general maturity had improved to such an extent in just over 14 weeks that the school phoned to say that there was no need for us to continue to see "such a normal boy". Previously no known reading method would have succeeded with him because the answer lay beyond the influence of the teacher in the handling by the parents. After only 14 weeks the boy, who had no idea that his drawings contained one item, the drawing of a man, which was a kind of test, produced a drawing which had more balanced proportions and much greater detail. There had been no practising between the first and the second drawings. The change represented a change in his entire outlook from that of a very young child to that of an older boy.

We, who know how we have been able to help such children will not find it easy to give up the work which we do, either by going into the hospital or by being split off to work as psychologist's who merely test, in isolation from our social worker, or from our present system of therapy groups or intensive remedial teaching in the Centre. If we are asked to by the Authority then we must. But let the baby not be thrown out inadvertantly with the bath water. Change is often good but uniform change also eliminates those services which are ahead of the field as well as those which are lagging behind. In Grimsby, I feel confident we have a blueprint for the future. In the new Humberside County there will no doubt come to light large areas which are inadequately covered by present services. The coverage in Grimsby,

the staffing ratios, and the facilities, at present are adequate to meet current needs. If we are asked to spread ourselves to cover a greater school population in the new county we would no doubt grumble but would adapt and continue to prosper as in the past. I would not presume to offer advice to the members of the new Authority unless they asked for it but I do extend a cordial invitation to them to visit us, to see us in action, before any drastic changes are made. What will be set up in April 1974 will not be a temporary arrangement but the shape of things to come for the next 50 years. Of course, we all would like things to remain the same but my worry is not about my own career or about working conditions. My concern is that we must, in the future, be in the best possible position to provide the very best service that we can give to our school children, to our future citizens. Whatever form the new service takes we in the present Grimsby Child Guidance Service will adapt, but we ask you not to let a valuable service die, or be dissected, by default, just because other and more important things are going on and bigger and more drastic changes are taking place. Good sense will, I earnestly hope, prevail. I place my trust in the members of those committees who will deal with the re-organisation as it affects us.

STATISTICS FOR ANNUAL REPORT AT 31st DECEMBER 1972

Number of cases carried forward from 1971	434
Number of cases referred during 1972	371
Total number of cases dealt with during 1972	805
Number of cases open at 31.12.72	435

Age at time of referral (of those referred in 1972)

Below five years	30
Five but not seven	70
Seven but not eleven	165
Eleven but not fifteen	86
Fifteen and over	20
	371

Total number of girls referred	131
Total number of boys referred	240
	371

Reason for Referral

Habit problems	22
Emotional problems	24
Behaviour	106
Psychiatric or Court Report	10
Educational Guidance and Mental Assessment	190
School non-attendance	13
English to Chinese Children	4
Other	2
	371

Source of Referral

Parents	54
Head Teachers	194
Medical Officer of Health	26
Director of Education	36
G.P's. and Consultants	16
Social Services Department	16
Probation Officer	2
Police	0
Other	21
Speech Therapist	6
	371

Comments on the Statistics

The case load in Grimsby rises year by year as the graph of cases dealt with will show. The number rose from 619 in 1970 to 794 in 1971 this year the figure was 805.

The age at time of referral statistics shows that although last year's unusually high figures for the youngest and oldest children were not maintained they were still substantially higher than in 1970. The increase in the important 7-11 age group continues rising from 130 in 1970 to 137 in 1971. This year the figure has increased by 20% to 165. The emphasis in the future will continue to be on getting referrals at as early an age as possible in order to prevent, by help at a vital period, future maladjustment.

The figures for reasons for referral shown an unchanged pattern from last year apart from a decrease in the number of emotional problems and an increase in the number of behavioural problems but since the total number of both problems added together comes out at the same figure as last year this difference may simply be one of classification.

The sources of referral continue to be, in order of importance - (1) Head Teachers 52%. (2) Parents 14%. (3) Director of Education 9%. (4) Medical Officer of Health 7%. (5=) G.P's and Consultants 4%. (5=) Social Services 4%.

These figures should be taken into account in any consideration of the future of the service.

Conclusion

Thanks are due to the Director of Education and his staff for their help and co-operation during the year. Thanks is an inadequate word but for lack of a better I extend my heartiest thanks to the Head Teachers of the Borough and their staffs for their co-operation, patience and tolerance. And may I add that it is rather magnificent, the way in which the teachers still succeed in keeping an unimpaired sense of humour in the midst of their troubles with some of the difficult behavioural, or educational problems with whom we are mutually involved.

Dr. Hunter deserves a big thank you for her close co-operation with spastic children, both during the monthly Combined Clinic, meetings at the Scartho Centre and by letter. Each year I include a thank you to Dr. Glenn and one might suspect that this was done automatically but I think Dr. Glenn knows me well enough to know that my thanks come from the heart. This thanks also applies to his staff, several of whom have worked closely indeed with us during the year. The General Practitioners of the town have been extremely helpful and there are many with whom we have close ties. Thank you.

APPENDIX

Child Guidance Work in Outline

The aim of Child Guidance is prevention whenever possible and early diagnosis of the problems that do occur. Action is based on a thorough diagnosis and is normally taken after a case conference of all the relevant professional workers.

A. Preventive Work

This includes general advice to parents and teachers and may take four forms.

- (1) The provision of an easily accessible service for advice to parents, teachers and others dealing with children.
- (2) Lectures and discussion with parent/teacher and other groups interested in children's problems, mental health or education.
- (3) Advice to schools on new methods or approaches derived from psychological or educational research.

B. Diagnosis

Before children with behavioural, emotional or educational problems can be helped there must be a thorough diagnosis of their individual difficulties. Examinations are carried out by the Educational Psychologists and testing may be done by the psychological examiner. There is close liaison with other services and information may be obtained from the Speech Therapist, School Medical Officers, the audiometrician, etc., etc. Combined meetings with medical personnel are frequent. A variety of tests and procedures are used. The social worker or psychologists may see the parent in order to obtain a history of the child's developmental milestones and his social environment, including assessment of inter-personal relationships within the family and the ability of the parents to cope with the situation. Where medical and psychological/educational problems are most likely to be combined, e.g. in the Junior Training Centre or Carnforth Special School, regular monthly visits are made. A Combined Clinic attended by the Paediatrician and other medical personnel is also attended by a member of the Child Guidance Staff.

C. Action based on the Diagnosis

The types of help which can follow on diagnosis are as follows:

- (1) Advice on handling to parents and teachers or recommendations to the Director of Education.
- (2) Educational advice to schools giving concrete guidance on methods and materials after specific diagnosis of individual difficulties.
- (3) Intensive remedial education by the remedial service or within the Child Guidance Centre.
- (4) Individual Therapy for children with emotional, behavioural or educational problems.
- (5) Group Therapy for children with emotional, behavioural or educational problems.
- (6) Individual work with parents of such children over a period of time to alter handling and attitudes or to lend support.

- (7) Group work with parents who discuss the problems of handling their children who may or may not be receiving individual therapy.

D. Miscellaneous Duties as may appear necessary or are requested by the Director of Education.

E. Research

Research into certain problems may be undertaken in order to conform or refute hypotheses which have been formulated.

PHYSICAL EDUCATION

(Report by Mr. L.R.G. Welham, Organiser of Physical Education)

The pattern of physical education carried out in the schools in the Borough during 1972 continued to develop along the same lines as that of recent years. It can best be reviewed in the categories of primary school physical education and secondary school physical education.

Primary

The primary school years cover a period of rapid physical growth of the child. During this time the child has continually to readjust his body mechanics and physical skills and at the same time learn many new ones. A child's skills, needs and interests at five years of age differ greatly from those of an eleven year old. The P.E. programme was, therefore, based on a broad basis in which much of the programme consisted of learning by doing. Under the guidance of the teacher this covered many aspects of which a number are illustrated below. It must be emphasised however that a child learns both physically and mentally throughout each and every day during the whole of his normal course of life. The physical education period should, therefore, be regarded as a special allocation of time when more detailed and specific emphasis can be devoted to this development particularly with regard to the physical aspect.

With this in view the natural desire of a young child is to be active, sometimes apparently running, leaping or rolling quite aimlessly for its own sake. He enjoys the exhilaration of movement. Aimless movement, however, is not sufficient for the full development of the child. The teacher's role, therefore, consisted of cultivating this natural desire of movement by presenting the child with situations requiring experimentation in ways of moving, development of bodily skills, games skills and imaginative and creative movement.

Simple equipment such as ropes, balls, hoops and play bats were used to add interest and challenge to the lesson whilst kicking, hitting, throwing and catching practices developed the co-ordination of limb and eye necessary for the development of games skills. In the older age range of the primary school more detailed and specific skills required for swimming and games were taken, emphasis being placed on developing each individual child up to his own capacity and ability.

The use of climbing apparatus further increased the scope of activity by providing the means of developing a child's natural desire and love of climbing, hanging and swinging. It offered an increased challenge in his experimentation. Skilful movement and courage were also developed. He was able to test himself and provide himself with a yardstick of his progress. Climbing apparatus provided a further opportunity of exploiting the natural inquisitiveness of young children in finding out what he can do.

Inventive imagination, another natural quality possessed by most children, was encouraged and developed through singing games, short stories or dance. In this respect musical instruments, percussion instruments and radio programmes were used to further this aspect of the work.

Gradually the pattern of work for the young child was changed to include greater co-operation with others. In this respect team games and activities were developed ultimately to a standard whereby schools were able to raise teams capable of taking part in inter-school competition.

For a number of children some experience in community living was experienced during the summer camps held at the Y.M.C.A. Centre at Humberston. Held now for a good many years, these eight weeks of camping are always oversubscribed by schools wishing to attend. This year twelve junior schools were allocated places but it was not found possible to include any secondary schools although a number of requests for places was received. On re-organisation of schools in September 1973 the Committee might wish to consider extending the period to cover ten to twelve weeks of the Summer Term and to restrict it entirely for the middle schools, since much wider opportunities for similar activities exist and are already being undertaken at secondary level.

This, then was the physical education programme carried out at infant and junior level during 1972.

Secondary

Having received a general all round education in physical movement at primary level as already outlined, the pupils transferred to secondary level with a basic knowledge and skill in gymnastics, athletics, games and swimming.

Under the guidance of specialist physical education teachers these basic skills and experiences were developed to a much wider and higher standard. This was achieved through utilising the larger facilities of gymnasias, sports halls and playing fields available at most schools. An extensive range of equipment enabled the staff to offer instruction in all of the major summer and winter games together with the lesser played activities such as badminton, volleyball, table tennis, golf, circuit training, trampolining and fencing.

Although all pupils were involved in playing games in one form or another the logical development resulted in the desire to pit their skill against other opponents in the form of competition. Schools greatly increased the opportunity for this to take place by organising their games at "house level".

Not only were these "house games" very popular and keenly contested, they also enabled large numbers of pupils to take

part although perhaps never reaching the standard required for the representative school team. The majority of these inter-house matches were held either during lunch time or after school. Many match practices, too, took place during these times.

For the more skilful players, the inter-school competitive sports programme enabled far larger numbers of pupils to exercise their higher degree of skill as members of their school teams. But whereas schools used to be satisfied in fielding perhaps a first and second team, most competitive sports were organised to cover teams in five or six age ranges of under 12, under 13, under 14, under 15, under 16 and over 16 years of age. In addition, several schools were able to enter an 'A' and a 'B' team in some of the age groups in order to give even more players a higher standard of competition. Some of the sports held on this basis were soccer, cricket, basketball, five-a-side soccer, cross country, netball, hockey, rugby, athletics and swimming. Other games and sports played included tennis, table tennis, rounders, volleyball and badminton.

To this must be added a number of other competitions such as Cup Competitions, netball tournaments, table tennis tournaments, out of town games, rugby tournaments, fencing competitions, cricket knock-out competitions, swimming competitions, golf competitions, athletic competitions, cross-country competitions, badminton competitions and others.

In addition some of the National Sports Bodies introduced Award Schemes connected with their particular sport and many of our pupils entered. The British Amateur Gymnastics Association Award Scheme and the Five Star Athletics Awards Scheme were particularly popular and well supported.

A feature of the year's work under review was the increased involvement of many other members of the school staff not directly appointed to the school as members of the physical education department. The comprehensive programme such as outlined above would not have been possible without their

voluntary help. This involvement enabled other physical education activities to be taken by these members of staff and this help was greatly welcomed by the teachers in the physical education department. Fell walking, camping, cycling, orienteering, visits to national sporting events, skiing, sailing, canoeing and outward bound courses were some of the activities in which they participated. In addition to the obvious physical benefits which were obtained, these excursions established an entirely different pupil/teacher relationship from that established when proximity of teacher and pupil is confined to the classroom.

Many successful after-school clubs were held at most schools for pupils showing extra aptitude, prowess or interest in such activities as gymnastics, educational dance or fencing. Other clubs covering many of the competitive games were also held.

Much of this report has related to the sporting and recreative aspect of the secondary school work. Being both spectacular and factual it lends itself particularly well to amplification. It also represents a large share of the time spent both during school time and as extra-curricular activity. However, the work carried out in the gymnasium, in the sports hall and in the swimming pool should not be overlooked. These provided the facilities where more advanced skills were taught and developed; where courage and challenge were tested; where speed and strength were encouraged; where poise and beauty of movement were practised.

These facilities provided the training ground whereby a progressive programme of work could be undertaken, culminating in the extensive range of physical activities already described.

It is almost ten years since the then Ministry of Education published the "Newsom Report - Half our Future" covering the age range 13 to 16 years. On re-reading the ten paragraphs specifically relating to physical education I feel that this Authority is now substantially carrying out the majority of its observations and findings, albeit on a small scale in respect of camping, rock climbing, fell walking, sailing and canoeing. With the raising of the school leaving age I feel certain that an outdoor

pursuits centre run on the lines of the Eskdale Outward Bound School would fill a need for many of these older pupils in future years when the majority of these activities could be undertaken. Some limited experience of this aspect was undertaken during May of this year. In conjunction with the other Lincolnshire education authorities an experimental course covering four weeks was held at the Outward Bound School at Eskdale. Planned by the Outward Bound Governing Body, these four one week courses were designed for boys and girls in the age range 14 to 15 years who were not G.C.E. or C.S.E. candidates. Over the period, approximately 80 pupils from each authority attended weekly. The course provided experience in community living, in physical challenge and personal assessment. The mountain scenery of Cumberland, sometimes rugged, sometimes harsh and awe inspiring, yet always beautiful, left a lasting impression on most of the pupils, and gave them living proof of the necessity of supporting the national effort of conserving the beauties of our countryside.

A detailed report on swimming during 1972 was submitted to the Committee early in the year. The aim of the swimming instruction continued to be :

- (1) To teach as many children as possible to swim.
- (2) When able to swim, to develop all round swimming ability to as high a standard as possible in the time available.

The year's results maintained the high average achieved during recent years. Over 85 per cent of primary school pupils could swim before leaving their primary school. Over 88 per cent of all secondary school pupils could swim. During the year over 2000 pupils were taught to swim.

In conclusion, I would like to thank the Grimsby, Cleethorpes and District School Sports Association and many other teachers for their co-operation and contribution in carrying out the physical education programme as outlined above.

SPEECH THERAPY

(Report by Miss Miriam Hall, Principal Speech Therapist)

Prior to my appointment in January 1972, there had been no separate home for the Speech Therapy Service. Previous therapists had conducted their clinics from accommodation in the Child Guidance Centre, and some additional clinical sessions had been held on school premises. These arrangements had never been satisfactory and were particularly inadequate in view of the proposed expansion of the Speech Therapy Service. It was decided therefore to convert part of the Dudley Street School Clinic into a permanent Speech Therapy Centre.

At present the Speech Therapy Centre provides pleasant clinical facilities for me and an assistant. I hope that at some future date it will be possible to convert the premises further in order to provide a playroom and office accommodation. Also I should like to have various structural alterations made in order to cut out noise which filters through from other parts of the building.

When I took up my duty on 10th April 1972, 156 pupils were on the speech therapy files. Some of these were cases of long standing so a circular letter was sent to parents asking them if they still wished their children to attend the clinic. As a result of this letter 69 requests were received for further appointments.

Since a case load of 69 children seemed an underestimation of the speech and language problems existing in a school population of over 19000, I decided to attempt to obtain a more accurate picture of the children in need of speech therapy. With this aim in view I sent a circular letter to all head teachers asking them to refer those children whom they felt to be in need of speech and language assessment. A new referral form was devised for this purpose. At the end of December 1972 a further 350 cases had been added to the clinic files.

By 31st January 1973 all the above-mentioned patients had been offered an initial interview. As a result of this "screening" 121 children were found to be in need of regular therapy. Of these 121 cases, 48 are attending for regular therapy. The remaining 72 patients have been put on a waiting list because there are no further appointments available. A further 168 children have been placed under observation and these cases will be reviewed every six months.

During my ten months in Grimsby, I have visited various schools within the County Borough. These visits have been primarily to Infants Schools and they have provided an excellent opportunity for me to meet the head teachers. I have at all times been impressed by their realistic approach as to what does, in fact, constitute a speech defect. They appreciate that many minor defects of articulation are within normal limits. With this kind of insight it is, on the whole the children with true defects of speech and language development who have been referred to my Clinic.

Because of the case load, school visits have become increasingly difficult during the past months. I am not at all happy about this situation as much of my work should be in an advisory capacity. However, I have attempted to keep schools "au fait" with the current situation by means of circulars. In addition, an individual letter is sent to the head teacher concerned regarding each child who is referred to the Centre. In this way the following information is provided :

- (a) The decision taken after the assessment of each pupil.
- (b) The failure of a child to attend for assessment.

Carnforth School

I am able to spend one day each week at this school and I feel that I could very profitably spend much more time there. The Headmaster and staff are most helpful and co-operative. Much valuable language stimulation is given to the children within the classroom situation. There is opportunity to discuss the children with their teachers, and to see them functioning within the school environment.

At Carnforth there are an additional 29 children in need of regular therapy. A further 15 children are in need of observation for reason of mild defects of articulation.

Staffing

The establishment is for one Principal Speech Therapist and one Speech Therapist. Unfortunately, in spite of repeated efforts we have been unable to appoint another full-time Speech Therapist. There is, as you will all know, a serious national shortage and the newly qualified tend to gravitate towards larger cities.

By the time this report is presented to the committee we shall once again have circularized all the British Training Schools with particulars of this appointment. I have been able to talk personally to colleagues who are concerned with the training of therapist and they will make every effort to direct students towards applying for this post. We offer an excellent starting salary and good clinical facilities.

We have however been fortunate to secure the services of Mrs. Taylor as a part-time therapist. She has proved a great asset to the clinic and I hope that we shall be able to retain her services when we do make a full-time appointment.

When I took up my appointment in April there was no provision for clerical assistance, this created many problems during the early days of my work here. My request for a permanent part-time secretary was granted at the January Establishment Committee meeting. This new appointment will contribute towards the efficiency of the Speech Therapy Service.

At a time when we do not have the full complement of speech therapists it may seem unrealistic to talk of an increased establishment but we must look to the future. So, in view of the number of children in need of speech therapy and in the light of the Quirk Report (Speech Therapy Services, London, H.M. S.O. 1972) I should like to make some comments regarding staffing.

In the past it was suggested that a ratio of one therapist per 10000 school children would provide an adequate speech therapy service. I have always looked at these figures with a rather jaundiced eye and I am delighted with the finding of the committee investigating speech therapy services.

The report states (page 75, paragraph 7.10) "that the traditional ratio of one speech therapist to 10000 school children has been a grave underestimate: the ratio should be nearer 1:5000".

Here we have a school population of over 19000. But since one must take a step at a time, I shall not, at the moment, suggest that the present establishment be increased by two further therapists. However, I do feel that we must attempt to move towards the demands of the new structure and further meet the needs of those children in need of regular speech therapy. With these thoughts in mind, I would ask the Establishment Committee to consider my recommendation for the appointment of a further speech therapist.

Finally, I should like to express my thanks to the Director of Education and his staff for all the help they have given me over the past months. Their courtesy, co-operation and guidance have been enormously helpful to me whilst I was in the process of setting up the service.

APPENDIX

(Carnforth figures included)

Number of children on Speech Therapy Centre index	444
Number of children in need of regular therapy	150
Number of children under observation	187
Number of children who failed to attend (to be offered a further appointment)	107
Number of appointments offered	1272
Number of appointments accepted	1024
Number of school visits	35
Number of children waiting for an initial appointment	13
Number of children discharged	19

